

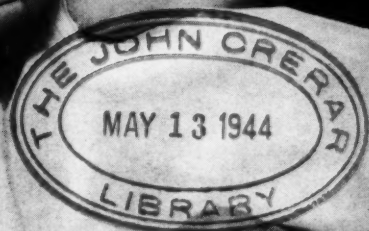
# Oral Hygiene

MAY 1944

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In This Issue:

SILK

***Solubri***

TRADE MARK  
REG. U.S. PAT. OFF.

## Handpiece Cleaner and Oil Postpone Repairs

Two ounces of prevention and two ounces of cure, in other words two ounces each of Solubri Cleaner and Oil, will keep your handpieces and angles operating smoothly and freely, decrease wear of the parts.

**Solubri Cleaner** removes grit and debris.

**Solubri Oil** prevents rust and corrosion.

TRADE  
CLEV-DENT  
MARK

THE *Cleveland* DENTAL  
MANUFACTURING COMPANY

CLEVELAND, OHIO • U. S. A.

Solubri Cleaner & Oil  
2 oz. \$ .50 8 oz. \$1.50

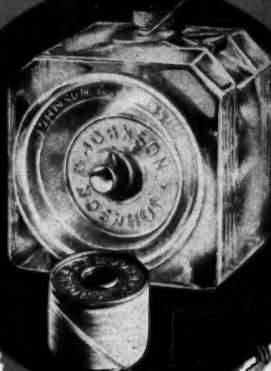


# NOW SILK IS BACK FOR NEW ERA DENTAL FLOSS!

A.



B.



A. NEW ERA PROFESSIONAL UNIT. Glass dispenser with cut-off device contains 100 yds. floss. As shown, with 2 refills, \$2.35. Floss container with 100 yds. floss, \$.95.

B. GLASS FLOSS FONT. One-hand cut-off device, with 150 yds. New Era Floss, complete, \$3.15; with 100 yds. Dento-

● New Era *Silk* Floss is back! All recent shipments to your dealers are made of pre-war, continuous fibre, top-quality silk. To conserve supplies, yardage of New Era units has been reduced, with prices reduced accordingly. Order from your dealer.

DENTAL DIVISION

**Johnson & Johnson**  
NEW BRUNSWICK, N. J. CHICAGO, ILL.



## The Publisher's Corner

By Mass

Number 275

### COVER KIDS

THIS LITTLE CUT over at the side is from a photograph taken when the cover picture was made. The photo herewith appears to be evidence of illegal goings-on: Gail Charlotte Ketterer is an unlicensed dental hygienist. She will probably be hounded by the 17.2 per cent minority who oppose dental hygienists, as revealed by ORAL HYGIENE's Dental Opinion Poll reported on page 755 of this issue. (Rosa Huger of Northwestern University, which sponsors these ORAL HYGIENE polls, tells more about it starting on page 758.)

The underage, illegal dentist in this picture and in the one on the cover is Robert Charles Ketterer, Jr.; he and Gail belong to Dorothy and Bob Ketterer, publication manager of our four magazines. Not just because Gail and Bobby are friends of this department, but because they live up to the description, it is safe to say there never were two lovelier kids. They are beautiful children; they have exceptionally good minds; they are good natured, well poised, and accomplished without being precocious. Bobby, for



example, shows every sign of being a natural-born pianist.

The pair's superb health makes them just right for this month's Child Health cover. Gail is legal in that one, a willing patient. Both children proved to be willing and highly cooperative models for Homer Sterling, ORAL HYGIENE's art editor.

This time, the two Dorothys helped, too—Dorothy Ketterer, and ORAL HYGIENE's promotion manager Dorothy Sterling (who  
(Continued on page 714)

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Doctor, your technicians must have accurate, smooth hard models for satisfactory partial constructions!

*Why risk the exact fit  
of the case you deliver?*  
**USE COE-LOID POWDER**



## **POSITIVE ACCURACY**



Eliminate possibility of make-overs in your partial work. You can rely on Coe-Loid Powder . . . the FIRST Satisfactory material of its kind on the market . . . the FIRST to include Fixing Wafers to insure greater accuracy and smooth, hard as glass models . . . the FIRST to be protected in moisture-proof, specially lined metal tubes. Of course, you should insist on COE-LOID POWDER! Order a box of 12 units from your dealer today.

Isn't it a glorious feeling when that partial snaps into place with the musical click of a perfect fit? Such an end result depends so much upon the *accuracy* of your master model — and that, in turn, depends upon the exactitude, quality, and behavior of your impression. If you are not already using COE-LOID POWDER as so many are now doing, please try it on your next case. You can be sure of results — for COE-LOID POWDER is *tried, proved, and guaranteed!*

## **HERE IS YOUR COE GUARANTEE**

Order a box of 12 metal tube units of COE-LOID POWDER from your dealer. (Only \$4.00 each; \$3.75 per box in 3 dozen lots; \$3.50 per box in gross lots. Each box includes package of Coe Fixing Solution Wafers.) Take three or four impressions; if not completely satisfied, return the unused units for full dozen credit. Insist on getting COE-LOID POWDER—always factory-fresh in the moisture proof metal tube.

# **COE-LOID POWDER**

**ELASTIC IMPRESSION MATERIAL**

*A Product of*  
**COE LABORATORIES, INC.**  
**CHICAGO, 21, ILLINOIS**

*In response to popular demand*

Trial Powder and Liquid

**BLEND A NATURAL  
FREE**



**BLEND A**  
*Introductory Package*

**S. S. WHITE FILLING PORCELAIN IMPROVER**



- 6 POWDERS
  - 1 full portion,  $\frac{1}{2}$  oz., each
  - 20 pale yellow
  - 21 light yellow
  - 22 yellow
  - 23 pale yellow-gray
  - 25 light gray-yellow
  - 26 gray-yellow

- 2 Bottles of liquid
- 1 Trial powder Blend A Natural
- 1 Trial bottle of liquid

**PRICE \$16.60**

Approximate value **\$24.00**  
 Powder,  $\frac{1}{2}$  any color, \$3.00 ea  
 Liquid, \$1.00 per bot  
 (Prices subject to change without notice)

*demand*

**S. WHITE FILLING PORCELAIN IMPROVED**

**BLEND A** *Natural*

Blend A Natural is blend A of the Filling Porcelain Improved Color Matching Guide, now stocked as a tooth color, in response to requests from dentists in all parts of the Nation who have used and found blend A a perfect color match for the middle and gingival thirds of anterior teeth of most young persons.

Six years successful clinical application have proved the value of Blend A Natural. Add it to your Filling Porcelain Improved colors to save time, and for better color results.

FILLING PORCELAIN IMPROVED COMPLIES  
WITH A.D.A. SPECIFICATION NO. 9

*Call your local dealer today.*

**THE S. S. WHITE DENTAL MFG. CO., PHILADELPHIA, PENNA.**

*a Century of service to dentistry*  
**1844-1944**

(Continued from page 710)

finds time, also, to draw the illustrations for Earle Craig's popular department, "Technique of the Month"). The children were so good about it that it was mostly fun, though. Thus, the kids' old man, Bob Ketterer himself, had to keep the leash on his famous executive ability: there was nothing for him to do about Getting the Job Done.

Getting things done, on time or ahead of time, is a passion with him. On our magazines, he takes over as soon as the editors send in the manuscripts; he takes over beforehand if editors are dawdly—he raises ned in technicolor.

It is up to Bob to turn typewritten manuscripts and pictures into printed magazines, and get them into the hands of readers all over the map. That sounds simple. It isn't. It involves infinitely more than just sending stuff to the printers. It includes devising and watching schedules and making the various operations dovetail throughout each month. It requires gathering advertising copy and cuts from here, there, and everywhere, and getting proofs okayed. It necessitates buying tons of various kinds of paper and getting it delivered in time—and, these days, in making sure that paper consumption is constantly in tune with War Production Board rulings. It means managing the home office here, and keeping an eye on a big circula-

tion department, where ORAL HYGIENE, *The Dental Digest*, *Spanish Oral Hygiene*, and *Proofs* are addressed each month.

Daily, there are dozens of letters for him to write, dozens of decisions to make, more dozens of things to do than this ageing department can even remember about the lad who manages the business with almost unbelievable calm and poise, which maybe he learned from the calm, well-poised kids on the cover.

Bob Ketterer came to our place eighteen years ago as office boy, file clerk, and switchboard operator. Then as now, ORAL HYGIENE people had to be able to leap from one job to another quick like a flash when the need arose. Working at ORAL HYGIENE in the daytime, Bob for years spent most of his nights going to high school and taking numerous courses calculated to help fit him for the rigors of the publishing life.

Little by little, he volunteered to take on this piece of work and that, until one day we realized that our office boy was finding a good deal of time for what really were executive jobs. So we got ourselves another office boy. Young Mr. K. was moved into a nook of his own. He kept on taking over things-to-do-today, and before very long was really running the works and has been ever since.

This has all been a great relief to one who—born tired—finds solace in somnolent soliloquy, is irked by work.



*"Just the thing, after  
extraction."*

*"A good follow-up after  
most any instrumentation."*



*"Great for heading off  
pre-operative jitters!"*

*"Can't be beat for just  
ordinary old headaches."*

**Pain after operation** is relieved quickly by Anacin's skilled combination of effective, medically proven ingredients.

**Pain after instrumentation** that so upsets patients, leads them to fear your chair . . . is eased by Anacin's quick, prompt action!

Let Anacin work for you in your

office. Recommend it to your patients for further relief of pain at home, if pain persists.

The Anacin Company, 257 Cornelison Avenue, Jersey City 2, N. J.

**ANACIN**

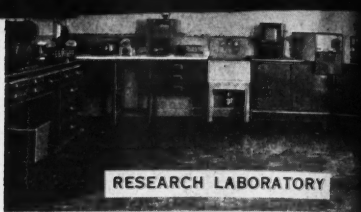
REG. U.S. PAT. OFF.



*All this goes into each*



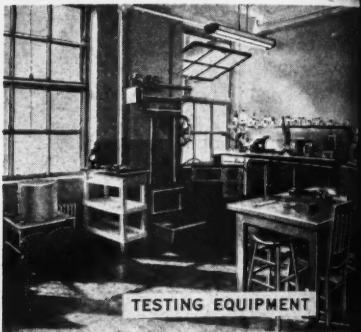
OFFICE OF J. F. JELENKO



RESEARCH LABORATORY



GENERAL OFFICE



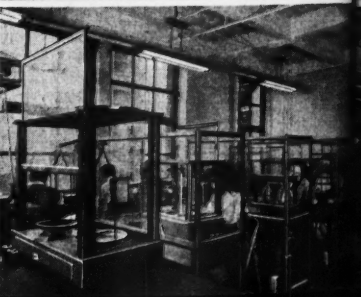
TESTING EQUIPMENT



GOLD DEPARTMENT



CHEMICAL LABORATORY





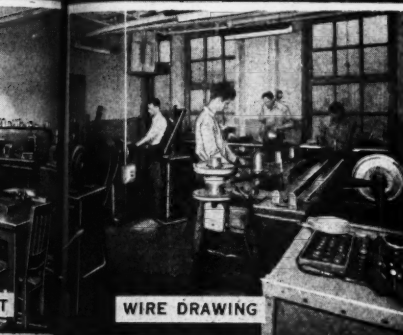
# Part. of JELENKO GOLD



ANNEALING FURNACE



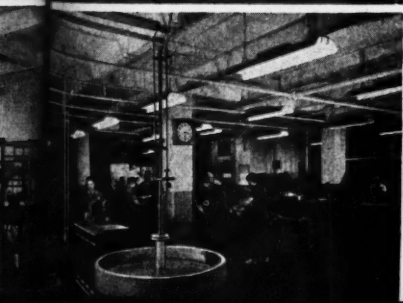
PHOTO-MICROSCOPE



WIRE DRAWING



ROLLERS



THE DAYS when a melting pot and a scales constituted a dental gold factory have long since passed.

Here are shown views of the vast Jelenko organization which we have been building, year in and year out, to meet the ever-growing complexities of manufacture resulting from the increasing application of scientific methods to the use of dental golds.

The Unsurpassed Quality of Jelenko Golds today, as in the past, stems directly from our unsurpassed facilities in research, shop-control, manufacture and testing. Our product and our facilities *may* be equaled. They never have, and never will be surpassed!

*When Better Golds are Made they will still be "Jelenko."*



**J. F. JELENKO & Co., Inc.**

*Dental Golds and Specialties*

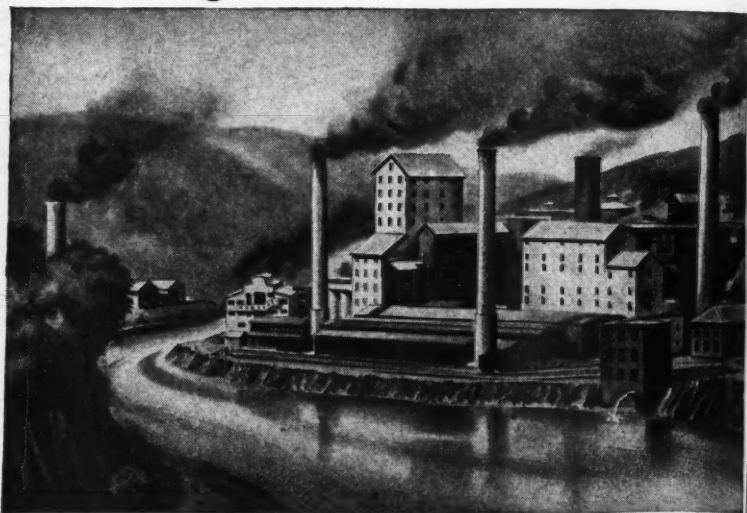
136 West 52nd Street

New York 19, U. S. A.



INDUSTRY KNOWS THE POTENCY OF

# Liquid Bulk



**C**ONFRONTED with a vast waste disposal problem, industrial plants utilize nearby rivers to effectively flush away all residue.

Similarly, in the intestinal tract, there is no more efficient method of evacuating waste than by the use of *liquid bulk*—as formed by Sal Hepatica plus water.

Clinical and laboratory tests prove that:

★ in the isolated loop of a dog's ileum, a laxative solution of Sal Hepatica increased the liquid bulk by 34 per cent in one hour.

★ in thistle tube experiments, a Sal Hepatica solution increased the liquid bulk by 100 per cent within 6 to 12 hours.

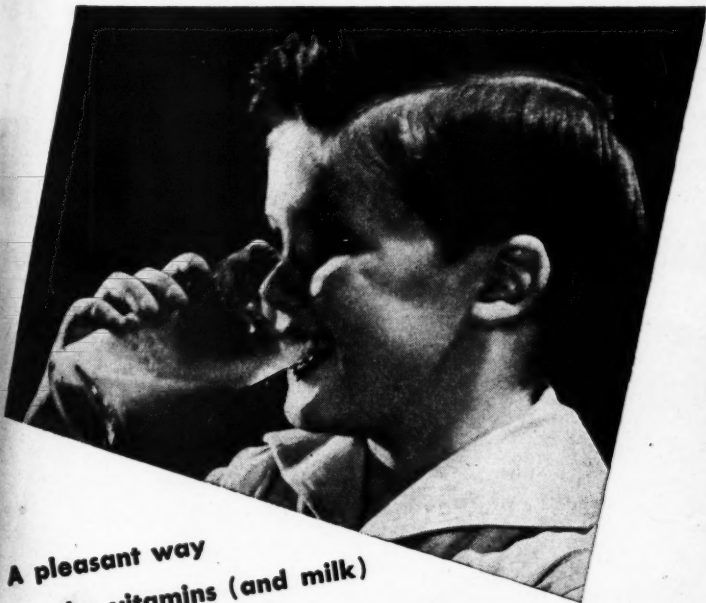
★ Sal Hepatica's liquid bulk helps stimulate bowel muscles, maintain a proper water balance. And the salines of Sal Hepatica help relieve gastric acidity, help promote the flow of bile.

Dentists find Sal Hepatica helpful in guarding against systemic infection during the treatment of Periodontoclasia, Pulp Infection, Vincent's Angina, Chronic Abscesses, Retained Root Fragment and Sinus Involvement.

Bristol-Myers Company, 19 L West 50th St., New York 20, N. Y.

**TO HELP FLUSH THE INTESTINAL TRACT**

**Sal Hepatica**  **Liquid Bulk!**



**A pleasant way  
to take vitamins (and milk)**

Cal-C-Tose 'Roche'—a happy solution for the finicky, undernourished patient who cannot take tablets or capsules or who has grown tired of plain milk. Cal-C-Tose contains generous amounts of vitamins A, B<sub>1</sub>, B<sub>2</sub>, C, and D plus calcium and phosphorus, in an appetizing cocoa-malt base. Two heaping teaspoonfuls mixed with warm or cold milk makes a delicious "hot chocolate" or refreshing "milkshake." Supplied in 12-oz and 5-lb containers . . .

HOFFMANN-LA ROCHE, INC. • ROCHE PARK • NUTLEY 10 • NEW JERSEY

ROCHE PRODUCTS ARE NEVER  
ADVERTISED TO THE LAITY.

**CAL-C-TOSE 'ROCHE'**

another example of ROUTINE



FROM THE  
GARPUL CASE BOOK

Interproximal caries disclosed by bite-wing radiographs. A supra-bite-wing injection of Novocain-Pontocaine-Cobefrin will permit necessary extension of the cavities into sound tooth areas painlessly.



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# THE PRACTICE...

● This case could be one of hundreds you have seen and treated. Your patients have appreciated early attention to beginning caries — resulting in a more healthy mouth condition. Have they also enjoyed the benefits of your routine use of a reliable local anesthetic?

Dependable anesthesia permits you to exercise your utmost skill without pain's interruptions — to operate on a relaxed patient — to conserve your own energies.

Novocain-Cobefrin produces profound anesthesia of average duration. Novocain-Pontocaine-Cobefrin assures profound anesthesia for those procedures requiring prolonged duration, without added vasoconstrictor content. Both are needed for your "routine practice."

**NOVOCAIN-COBEFRIN**

**NOVOCAIN-PONTOCAINE-COBEFRIN**

**COOK-WAITE**  
*Laboratories, Inc.*

\* The benefits of "Carpule" cartridges are available only from Cook-Waite Laboratories, Inc. "Carpule" is a brand name registered in the United States and Canada.

170 Varick Street, New York 13, N. Y.  
Laboratories: Rensselaer & Springville, N. Y.

# HOW TO GIVE A DENTURE



This metal arm "punches" samples of "Lucitone" to make sure that the denture material being tested is able to meet Du Pont standards for impact strength.

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# THE SHOCK OF ITS LIFETIME

The machine you see here is dealing "Lucitone" denture material a mechanical "sock in the jaw." This impact test measures the resistance of "Lucitone" methyl methacrylate resin denture material to a sudden blow, or a shattering bite, or even a crash on the bathroom floor.

But "Lucitone" gets a lot more punishment than just a "sock in the jaw." It receives all kinds of tests before it reaches you. It is pommelled and twisted and pulled to measure its strength. Resistance to acidity is checked. Special purity tests are made. The accuracy of colors is carefully determined.

This series of tests means one thing to you: that this special material, developed specifically for dentistry, measures up to the highest professional requirements. That's why, when you use "Lucitone" for your acrylic dentures, you and your patients are assured of complete satisfaction.



"LUCITONE" is the trade mark on the only methyl methacrylate resin denture base material completely processed by Du Pont. "Lucitone" is distributed solely by the L. D. Caulk Company, Milford, Delaware.



## DU PONT "LUCITONE"

Better Things for Better Living . . . Through Chemistry

# Startling Results!

## ...AMAZING EVERY ONE



THE TALK OF EVERY  
DENTAL MEETING  
AND TABLE CLINIC!

*Because . . .*

IT TAKES ONLY A FEW  
MINUTES TO MAKE . . .

- ★ ACRYLIC INLAYS
  - ★ ACRYLIC TEETH
  - ★ ACRYLIC FACINGS
  - ★ ACRYLIC VENEERS
  - ★ ACRYLIC JACKETS
  - ★ ACRYLIC REMOVABLES
  - ★ ACRYLIC TUBE TEETH
- and for many other purposes.

**NO EQUIPMENT... NO FLASKING... NO CURING**

**A THERMO-PLASTIC ACRYLIC GEL THAT BECOMES  
SEMI-LIQUID AND FUSES WHEN HEATED**

**SPECIAL INTRODUCTORY KIT... \$3.75**

*. . . for a limited time only*

**EACH KIT CONTAINS 3 JARS OF DUZ-ALL  
IN THE POPULAR SHADES 63, 65, and 67  
COMPLETE WITH SIMPLIFIED INSTRUCTIONS**

**ALSO AVAILABLE IN ½ OZ. SIZE JARS  
IN SHADES 62, 63, 65, 66, 67, 69, 73, 77, 79, 81, and PINK  
AT \$3.00 EACH**

**WRITE FOR DESCRIPTIVE FOLDER  
"THE MIRACLE OF MODERN DENTISTRY"**

**CORALITE DENTAL PRODUCTS CO. 185 NORTH WABASH AVE.  
CHICAGO 1, ILLINOIS**



**SO** YOUR PATIENT HAS

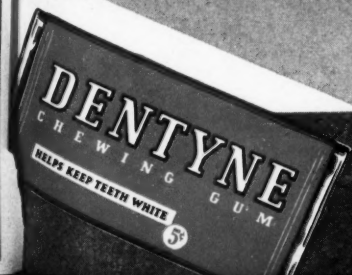


## **A HIGH CARIES INDEX**

Although the precise cause of caries still requires clarification, a necessary antecedent to the lesion is a bacterial colony left undisturbed on the tooth surface, capable of destroying dental enamel.

Contributing to this undisturbed retention is inadequate masticatory effort — since vigorous chewing is known to discourage the lodgement of food debris, to scrub the teeth, and (by stimulating salivary flow) to flush the teeth and lessen the harmful acidity of mucinous plaques.

Many dentists recommend the regular use of Dentyne Gum for both children and adults, because it provides the resilience and frictional efficiency required in a satisfactory masticatory and sialogogue — and because it embodies a reduced sugar content.



*Dentyne*  
CHEWING GUM



In war, even more than in peace...dispenser of blessed relief...his the precious power over pain. Long hours the medical officer toils...routinely yet heroically...without thought of citation...grateful for brief moments of relaxation...for the cheer of an occasional smoke. And likely as not, his cigarette is Camel, the favorite brand in the armed forces\*...first choice for smooth mildness and for pleasing flavor. It's what every fighting man deserves.

### *1st in the Service*

\*With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)

# Camel

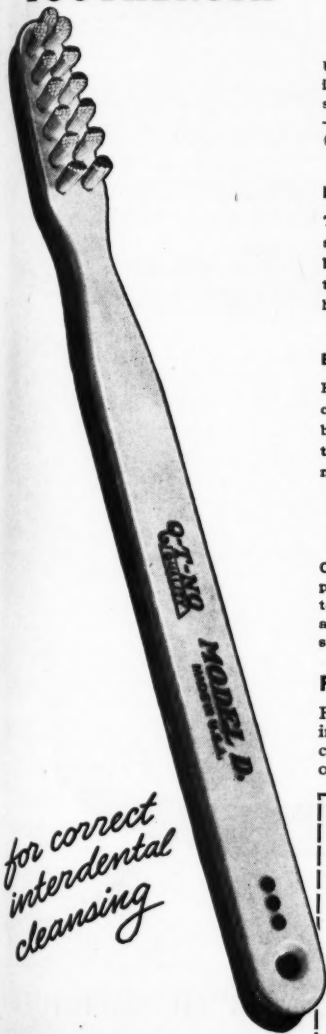
COSTLIER  
TOBACCOS

New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.



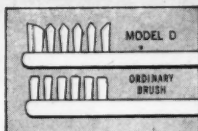
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# The Genuine **MODEL D.** TOOTHBRUSH



## PROFESSIONAL DESIGN

Small, flat head with spaced "chisel-tufting" for thorough interdental penetration.



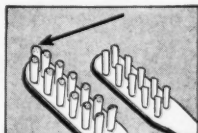
## STIFF, QUICK-DRYING BRISTLES

Uniform texture of heavier Cu-Lon\* bristle preserves design and shape—gives much longer life. (Trade name.\*)



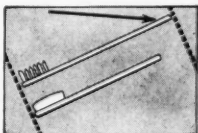
## RE-INFORCED END TUFT

The only well-known scientifically designed brush with this protection at point of hardest wear.



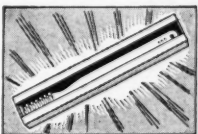
## EXTRA-LONG HANDLE

For extra leverage and convenient grip. Permits brushing without contact between hand and mouth.



## DISTINCTIVELY PACKAGED

Colorful, handsome package exposes brush to view under protective and sanitary covering of strong cellophane.



## FOR COMPARISON USE THIS COUPON

For sample brush with your name on handle in gold, send 20¢ to defray packing and mailing costs. Included will be complete information on special prices for office dispensation.

THE CUTINO COMPANY,  
807 Wyandotte St., Kansas City, Mo.

For enclosed.....\$, send.....

Model D Brushes at 20¢ per brush. (Sample offer restricted to one of each model.)

☐ 2 Row ☐ 3 Row ☐ Junior Child's

Dr. ....

Address .....

1-B



VERNON-BENSHOFF CO., P.O. BOX 1587, PITTSBURGH, PENN.

*We point with pride* to the brief but meaningful statement on every package of Vernonite: **CONTAINS NO PLASTICIZER.** We **CAN** make this statement because Vernonite is manufactured from 100% pure methacrylic ingredients. We **DO** make it because it assures you that restorations made with Vernonite are stronger, harder, more stable chemically and physically.

The addition of plasticizers to acrylic materials weakens their physical properties, makes them softer, more absorptive, more soluble. No chemist or engineer ever added a plasticizer to an acrylic resin to improve its quality. Commercial molders use them **ONLY** to facilitate mass production, meet the demands of high speed machinery.

As long as dentures are made individually, not mass molded, you can be sure of all of the desirable, inherent qualities of pure, unplasticized acrylic resin by specifying **VERNONITE.**



**MAKERS AND DISTRIBUTORS OF PURE METHACRYLIC VERNONITE**

## The facts about Minimax Alloy

No. 3 of a series of advertisements prepared to acquaint Dentists with the whys and wherefores of this extremely useful material.



# Copper helps to increase the crushing strength and decrease the flow

Copper—one of four major components of successful amalgam alloy—contributes much to the ideal working properties of Minimax Alloy No. 178. It increases crushing strength and thus the life of the filling. It helps to increase expansion of the amalgam in setting and to decrease the flow.

Because of the extreme effectiveness of copper as an expanding element when used with silver, and the fact that just the right amount of expansion is vitally important, it must be used sparingly. The scientifically balanced Minimax formula contains just the right amount of

copper to provide a highly desirable sealing action.

Carefully proportioned with lustrous silver, tin and zinc, Minimax alloy represents the best that has yet been produced—a definitely superior alloy that will continue to meet *all* requirements of the Alloy Specifications over a wide variety of technics common in dental practice. For over a quarter century, Minimax Alloy has given exceptionally satisfactory service. That is why dentists rarely change from Minimax, often to Minimax. You too, can use it with confidence always.



## The MINIMAX Co.

Medical and Dental Arts Bldg., Chicago 1, Ill.

In 5-oz. BOTTLES	In 1-oz. BOTTLES
5 ozs. . . \$1.50 per oz.	1 oz. . . \$1.60
10 ozs. . . 1.40 per oz.	5 ozs. . . 1.55 per oz.
20 ozs. . . 1.35 per oz.	10 ozs. . . 1.45 per oz.

Prices subject to change without notice

Complies with A.D.A. Specifications. No. 1  
Fillings suitable for alloy-mercury gauges.

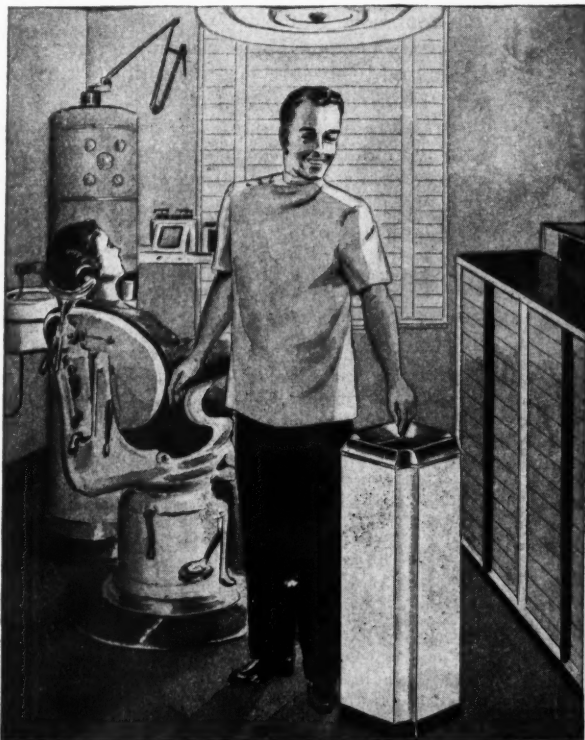
For best results mortars and pestles should be occasionally resurfaced. Over long periods they wear smooth . . . become inefficient. As a convenience Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.

# YOU'LL LIKE THIS DENTAL *Sanette* IN *Your* OPERATING ROOM!

A deluxe Waste Receiver that matches perfectly, in accepted professional design and beauty of finish, the finest dental chairs, cabinets and X-Ray equipment! Available in all the popular dental finishes.

You can be proud of your Sanette . . . and you will like the convenience of its disposable Sanette Waxed Bag liners. Also for reception room, powder room, office and laboratory. Send us your dealer's name.

MASTER METAL PRODUCTS, Inc., 313 Chicago St., Buffalo 4, N. Y.



MODEL T-30

25" HIGH

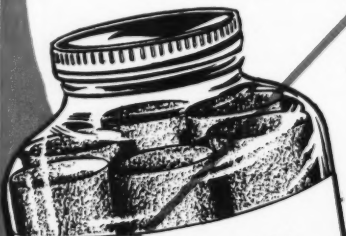
9" SQUARE



# TIME is the essence . . . when **TAKING** and **MAKING** **IMPRESSIONS**

*Use*

Perfect impressions the *FIRST TIME* with rapid, easy-to-use TRULOID. Patients appreciate spending less time in the chair. Precise reproduction—TRULOID does not crack or break when pulled away from difficult undercuts. No time-consuming mixing—no long-drawn-out procedure. Hardens uniformly without warpage. Plastic at low temperatures; comfortable to fingers and sensitive mouth tissues. To save precious time use TRULOID, the modern up-to-the-minute hydrocolloid that is entirely reversible.



- Velvety Smooth • Pleasantly Flavored • No Burning • No Irritation • Flexible • Elastic • Hardens quickly • Maintains Shape •

See your local supply house or write direct to K-C Manufacturing Co., 545 S. Greenleaf Ave., Whittier, Calif.

*Clinically proven*

# TRULOID

*Reversible.. Hydrocolloid*

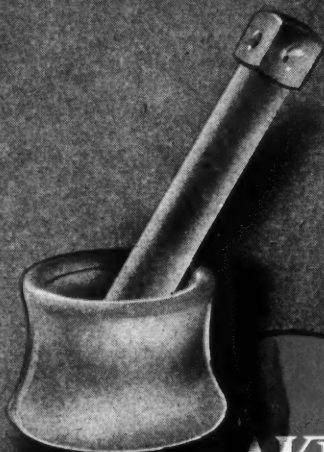


## MANUFACTURING COMPANY

545 South Greenleaf Avenue,

Whittier, California





**BAKER**

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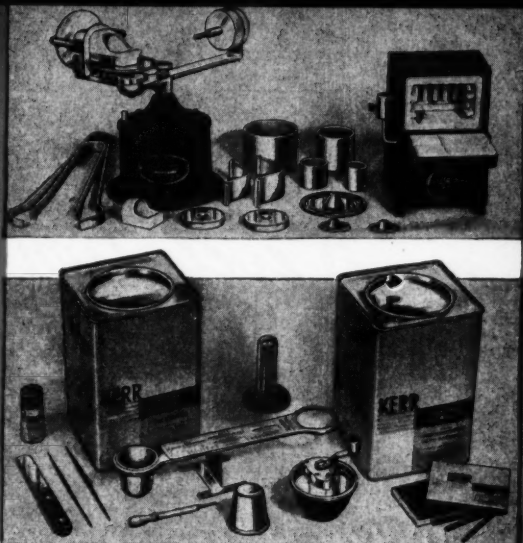
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# Oral Hygiene

VOL. 34, NO. 5

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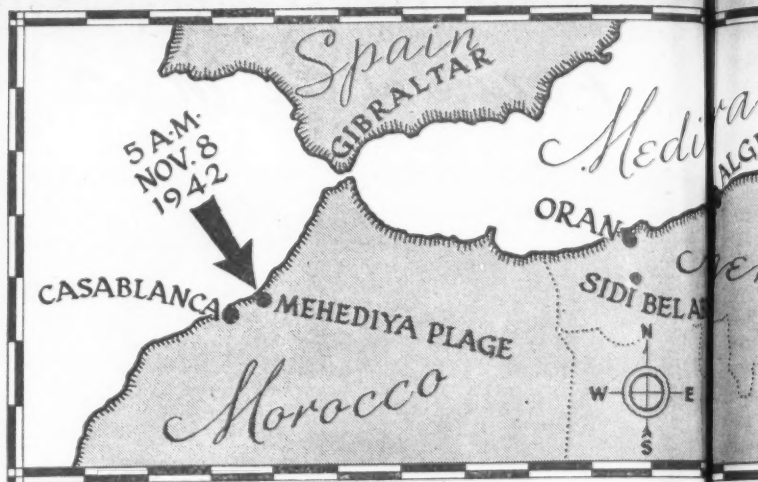


## *Picture of the Month*



JUSTINE SUE JOHNSON prepares to fire a few rounds: first WAVE to qualify as a pistol expert with a .45 caliber pistol at the Naval Training Station, San Diego, California, has been awarded an expert's medal. Wave Johnson, of Bloomfield, New Jersey, is a dental technician with a rating of pharmacist's mate, third class. Before joining the Navy she was noted for her skill in archery.

*Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.*



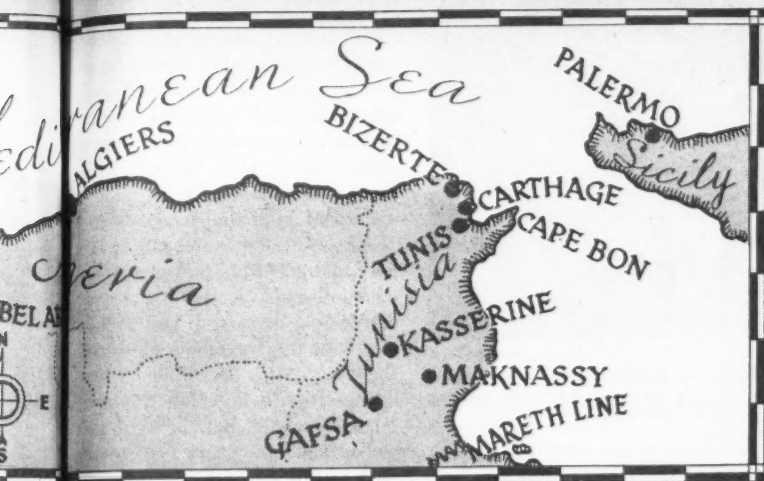
## COMBAT DENTIST IN AFRICA

By CAPTAIN HARRY N. CANTOR (DC)

FOR FOURTEEN DAYS we cruised up and down the Atlantic gradually moving eastward to meet the rest of the convoy at an appointed rendezvous for the African invasion. On November 8, 1942 at approximately 5 a.m. the attacking boat waves of my combat unit rode the surf onto the beaches of Mehediya Plage, a resort town just a few miles away from Port Lyautey, French Morocco and sixty miles north of Casablanca. The battle against the French and their Colonial troops was the fiercest

of the North African invasion. It lasted four days until we finally succeeded in capturing our objective, a nearby airport.

Shortly after the armistice was declared, I set up my field dental unit in a vacant house owned by a local physician. A convalescent home for children, near the beach, was used as an emergency hospital to care for our wounded troops. Not long after, we moved to a semi-permanent bivouac area among the cork trees in the forest of Mamora about three miles in-



**A dental officer reports—after sixteen months overseas and four battles.**

land. President Roosevelt drove up from the Casablanca conference and reviewed our troops, giving us a complete surprise but a pleasant one. He also visited the fort and the surrounding battlefield.

In the third week of February, 1943, we moved to Oran in Algeria for an agreeable two weeks stay and then a seven-day motor trek into Tunisia. Our supporting artillery units had preceded us and had helped the American troops to stop Rommel at Kasserine Pass. We made contact with the enemy east of Maknassy, thirty miles northeast of the Gafsa-El Guettar sector. For more than three weeks we fought bitterly against the famous Afrika Korps, engaging

Rommel's reserves to prevent them from reinforcing the Mareth Line.

The aid station, a two-and-a-half-ton truck with all our medical equipment, was situated two miles behind the front lines in deep wadi. Occasionally during a lull in the enemy artillery fire, I would climb a nearby hill and look over the battlefield with a pair of field glasses. One of the most thrilling sights I ever saw was American tanks going into action with our troops following up.

Enemy reconnaissance planes flew overhead several times daily, so we remained under the cover of camouflage most of the time. Whenever dental emergencies presented themselves, a gasoline can



*International News*

**Turbaned natives with baggy pants aid men of the A.E.F. in getting equipment ashore.**

was the patient's chair, my assistant's hands were the headrest, and the tailgate of the truck was my instrument tray. It was not unusual to extract a tooth or give a temporary treatment at night by flashlight—carefully concealed, of course.

### **German 88's**

Shortly after our arrival at Maknassy, we had our first experiences with the famous German 88's. It was 2 a. m. in an open field and we dug in to wait for daylight so that we could find the exact location for the aid station. From our foxholes we watched the tracers play back and forth at the front. Behind us friendly artillery boomed intermittently.

An ambulance, attached to the aid station, was parked close by so I decided it would be more comfortable to sleep in it. Hardly had I lain down when three terrific concussions threw me on the floor.

I flew out of the door and hit the ground. Not another sound for a few moments and then calls for help from the wounded! Litter bearers were on their way as soon as the calls could be located. Needless to say, the rest of that night was spent in foxholes.

At dawn, the commanding officer took us out of that precarious position and the aid truck was driven to a deep wadi just in time to escape the fragments of several shells bursting overhead. Gun flashes from a high hill in enemy territory could be observed and we ducked for cover. The strange part of this and other experiences was that you could not hear the shells of an 88 coming toward you, whereas you could hear the other types. It was when they suddenly burst overhead or nearby that you knew that Jerry was out for score.

### **Bizerte Falls**

The enemy broke contact with us and withdrew northeast when the British Eighth Army crashed through the Mareth Line. We were taken out of this sector and placed with other American troops north of the British First Army in the Sedjenane Valley. To our right were the British and to our left, the French. A coordinated attack by all three forced the Germans to relinquish one mountain stronghold after another and soon Bizerte fell into our hands. Not long afterward, the Tunisian campaign came to a close with the British

May, 1944

ORAL HYGIENE

745

Eighth Army capturing Tunis and Cape Bon.

The Sedjenane provided our most perilous incident. In the early stages of this campaign, the aid station truck was hidden and camouflaged in a stream off to the side of a road that had been built by our engineers. Slit trenches were dug about a hundred yards away. Enemy shells had been dropping at various intervals just a few hundred yards ahead of us, making it difficult for food and supply trucks to get through, especially since there were mine fields on either side of the road at that point. Being well hidden we were not molested. During the third day of our stay there, the collecting company to which we sent all of our casualties thought that the open field beside us was a good place to set up their hospital tents. So in they rolled, trucks, ambulances, jeeps and all.

I sat on my bedroll, which was hidden in some bushes, talking to my assistant, and watched them

pull into the area. Suddenly we heard a terrific WHOOosh!! We looked at each other and flung ourselves to the ground. A shell had burst about fifty paces away. Without a chance to think, we heard the next one coming our way. After that one we made a quick dash to the low ground by the stream. Our slit trenches were too far away. A half-dozen more dropped around us before there was a pause long enough to let us run to our foxholes. At this moment the commanding officer of the collecting company, with great presence of mind, ordered all the drivers to get into their vehicles and drive out of that area. This was done in great haste and they departed in clouds of dust. Several more shells came over, dropping into the center of the field which the vehicles had just vacated. That beautiful target no longer being present, the Germans sent no more iron call-

**American task forces in the African theater of operation. A mobile gun is being hauled by tractor.**

*Signal Corps International News*



ing cards. I arose to see what damage had been done. It took me several minutes to light a cigarette in my shaking hands. Luckily, no one had been hurt. Two ambulances were damaged and temporarily unserviceable.

After the fall of Bizerte, we set up our aid tents as well as our pup tents in a field near an Arab village a few miles from Bizerte. To describe all the experiences with the Arabs all over North Africa would take volumes. Every day some of them would come for medical or dental treatment and express their thanks by bringing us wine or eggs. After eating "C" rations weeks on end, these were truly precious gifts

### Dentistry by Jeep

The battalions were temporarily separated so I packed my dental unit into a jeep and visited each of them for several days, treating all emergency cases that I encountered. One battalion I found bivouacked in Bizerte, where they had taken over several large buildings. Bombs had driven all the inhabitants out of town.

A welcome opportunity arose and I went off to visit Tunis, some forty miles away, also the ancient ruins of Carthage. I saw wrecked German equipment that was strewn all along the road to Tunis. The airport there was filled with

damaged planes and there were burned-up vehicles among the ruins of Carthage.

The eight-day motor march back to Oran' was for the most part monotonous. However, one afternoon during this trip, a halt was called several hours before nightfall. The famous city of Algiers was only twenty miles away. Being one of the lucky ones, I went with a friend for a quick tour of the city.

Our new bivouac area was about forty miles below Sidi Bel Abbes in Algeria. In this area as well as in others, Frenchmen and Arabs would come to our aid station. Showing complete amazement at our setup and supplies, the French would immediately launch into a description of their difficulties in getting proper dental care because of the shortage of supplies.

On our arrival at Palermo harbor, Sicily, Jerry bombers put on quite a show for us in the early hours of the morning before dawn. Our regiment fought in the last two weeks of the Sicilian campaign after which we rested for several months.

We found that dental facilities for civilians were few and widely scattered because of war conditions. Now I am doing my work in a British dental clinic using modern dental equipment. For me that's a real treat.

### MAY AWARD

FOR THIS excellent report of the African invasion Captain Harry N. Cantor (DC) wins the \$100 ORAL HYGIENE award given to the best story published each month.



1944

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Non-use of saliva ejector makes pa-  
tient "mop-up" excess flow of saliva.

**HOW TO KILL A DENTAL PRACTICE**



# DENTAL FEARS OF CHILDREN CAN BE OVERCOME

By LAVETA LEHN\*

Correcting the attitude of children  
toward the dental experience.

"IF YOU DON'T be good I'll take you to the dentist and he'll pull out all your teeth!" Memories of threats of the bogey man, the dark closet, the policeman—yes, and the dentist, too, remain for many people of mature years among the most vivid recollections of their childhood. Those children are legion who take their parents at their face value—until they learn better—and believe them when they threaten to summon disciplinary aid from among the bogies.

Children naturally follow the conduct patterns of their parents, so it is not surprising that the child becomes afraid of all things dental when he has heard statements, emphatically made by his parents or older brothers and sisters, such as "I hate dentists!" and, with a shudder, "That drill just gets me!" At times he is subjected to long and shocking ac-

counts of how the dentist "just nearly killed" his mother. Of course he learns to fear and hate the dentist. Why wouldn't he? Few children possess the analytical power that would discount their mother's story, realizing that in the exaggerated account of her suffering she was trying to seem brave.

It would be unfair to place all of the responsibility for children's dental fears in the home. In too many cases, the dentist contributes to the child's emotional disturbances. From the moment the boy or girl enters the dental office, those first impressions and attitudes, which were acquired at home, are modified by his or her own experiences.

It is helpful to have the child of 2 to 4 years brought to the office while the mother is being treated. This visit permits the youngster to become acquainted with the dentist and his assistant as well as the office surroundings. When Doctor

\*Digested from the article "Establishment of Fortitude in Young Children Toward Dental Office Procedures" by LaVeta Lehn published in *Journal of Dentistry for Children* 11:2-15 (1944).

Joseph Schure finds a child who is extremely shy or suspicious he applies what he terms the "cold treatment." Children like attention and when they do not get it, sooner or later they "thaw out."

Preschool children should be given appointments by early afternoon and, in most cases, the first appointment should not be longer than 30 minutes. Children respond more favorably to a new situation in the morning when rested and are more emotional just before mealtime.

If the patient is likely to be a problem, his appointment might be made to follow that of a well-behaved child who will be complimented on his good behavior within hearing of the new patient. Doctor T. J. Borowiak allows the unruly child to watch the well-behaved one have a dental treatment.

Since a part of the dentist's practice is made up of children, it is only fair that some part of the office furnishings shall be planned for the child patient. Place something especially for the child's use; a child's table, chairs, books familiar to children, or simple toys that may be cleaned readily. This need not consume much space or be expensive. Puzzles, games, and comics are enjoyed both by children and adults.

The keynote to favorable control of child behavior in the dental office is, first, confidence of the dentist in his own ability to control the child, and second, an attitude which stems from the first,

confidence of the child in the dentist. Only people who love children can influence them.

### First Appointment

Four things should be accomplished at the first appointment and they need not consume more than thirty minutes:

1. Enough operative service to justify a fee.
2. A thorough health service examination.
3. Parental education.
4. A child conditioned to future operating.

Show the child in his own mouth how to brush his teeth while he holds a mirror and then have him do it to be sure he knows how. After the demonstration, present the brush to the child—another visible reason to the parent for charging a fee.

The dental examination may or may not include bitewing roentgenograms; however, no better method is available to convince a dubious parent of the need for dentistry than the presentation of roentgenograms which show both the primary and permanent teeth. The examination should include the detection of any injurious mouth habits, inquiry into the child's diet, observing of the teeth in occlusion, and the listing of cavities—a real health service examination. The Lactobacillus acidophilus test is an excellent check on caries susceptibility and immunity.

Sometimes parents postpone

their preschool child's first dental visit until he is in pain. This tardy action makes an unfortunate situation.

Many dentists are glad to have the parents remain in the operating room. As long as the child does

what he is asked to do it makes no difference but if he insists on the presence of the parents, and then does not behave, the parents must wait in the reception room. Rather than be left alone, such a child us-

(Text continued on page 752)



*Calling me by my first name when I come in*

*Showing me all around the office and laboratory*

*Magazines, books, paper, and pencil and things to play with in the waiting room*

*Interesting pictures on the wall*

*Talking about the things I like to do*

*Explanations of what he is going to do and how he is going to do it*

*Giving me a mirror so that I can watch the work*

*Telling me about his instruments and what they are used for*

*Giving me a signal I can use when it begins to hurt*

*Stopping when I tell him to*

*Taking x-rays of my teeth*

May, 1944

# ORAL HYGIENE

751

*Treating me just like he does a grownup*

*Using flavor in the mouthwash and cleaning powder*

*Keeping my father and mother in the room when he is working*

*Giving me tooth paste or some other little thing after work is finished*

*Giving me the teeth that are taken out*



*Telling me "You are a good patient" or something like that*

*Waiting for dentist*

*Questions about my age, grade, school, teacher, and birthday to  
"make" conversation*

*Putting all of his tools out in front of me at once*

*Telling me it "Won't hurt" even if it will*

*Staring at me while he is working*

*Scolding me for not sitting still and following directions*

*Making fun of me, calling me a "baby" or something like that*

*Comparing me with other children*

*Trying to be funny or act silly*

*Telling my parents that I was hard to work on*

usually becomes manageable. Problem children usually have problem parents and any disciplining that must be done, should be done by the dentist with no help from the parent whose disciplining, more often than not, the child has learned to disregard.

Some principles and methods for the management of children to follow:

1. Make the first visit as pleasant as possible, whether it be the briefest "get acquainted visit" or an emergency treatment. A prophylaxis is a good introduction to dentistry.

2. For the first operative service, select the smallest cavity in the deciduous teeth. The simplicity of operation and the minimum of discomfort will not permit realization of the child's fears and he becomes more receptive for the more complicated procedures at subsequent visits.

3. The child should be told what is being done, why and how, as nearly as possible.

4. Enlist the patient's help in holding cotton rolls or the saliva ejector when he begins to feel a little pain. Most often the child is more surprised than painfully hurt.

5. Give the child a "traffic cop" signal. If he feels pain, he may raise his left hand. Sometimes he may complain and stall when the dentist knows there is no pain so he should be warned about faking. The dentist must keep the faith and stop the engine when the hand goes up.

6. The bur may be introduced into the child's mouth without excitement after its use has been demonstrated on the child's fingernail.

7. The use of local anesthetics should be practiced if the child's teeth are sensitive. Topical anesthetics and sharp, stainless steel needles help eliminate pain. With anesthesia, cavities may be prepared in the shortest possible time with comfort to the patient and little annoyance to the operator.

8. Demonstrate with a toothbrush of suitable size and texture the proper brushing technique.

9. Give the child some little souvenir. Psychologists claim that the use of the counter-stimuli is an important method to handle the problem of fear in children. Gifts, then, are a counter-stimuli, a method of creating an interest in the environment of the dental office.

### Problem Children

The timid, shy, or bashful child is afraid when the situation is new. His timidity is a design for living, not something inherited. He says little or nothing to strangers and conceals his mental conflicts. He enters the dental operating room, trembling and ready to cry. The dentist must help this child establish the confidence he so much needs. After the first or second appointment, it might be best to arrange that the child be left alone so that he will transfer his dependency from his parents to the dentist. Explain what is being done

when new instruments are introduced, tell the child for what they are used, encourage him and brag about his behavior.

The stubborn child refuses to allow the dentist to give any treatment, he squirms about in the chair, and lets his hands and feet fly in all directions. He needs to be reasoned with, but all of the control should be executed by the dentist.

The uncooperative child, because of previous conditioning or natural fear, refuses to behave. He is sullen and may burst into tears. First of all, he must not be kept waiting long in the reception room. Rarely will a child refuse to sit in the chair, but if he does, do not use force. Reasoning will usually accomplish the desired result, but if he absolutely refuses, dismiss him pleasantly and ask the parent to bring him back again. An intelligent parent can do much to make the child more amenable at the next visit.

The child crying loudly presents a problem to the dentist. He is trying out his home tactics in the dental office. He may cough, choke, refuse to get into the chair by throwing himself on the floor, or fake illness. If the parent is perturbed, it adds to the difficulty, so the mother or father should be asked to wait in the reception room. One might entertain the opinion privately that sterner methods are

justifiable, but if the child is given the impression that he is being ignored and that no one is impressed by his actions, he will soon quiet down. Do not rush this child, as much time is needed to overcome the outburst of an emotionally unstable child. Either wait and be passive or initiate some new activity. When he becomes quiet, visit with him. Be frank and positive, kind, but firm.

In the treatment of the mentally deficient, the imbecile, the idiot or the physically handicapped, the deaf or dumb child, become acquainted. Gain his confidence by strict honesty, be gentle, and never cause pain if it is possible to prevent it.

Doctor S. H. Dwyer points out that one may determine whether a child is fearful or merely willful by looking at his legs. If they are rigid, either flexed or extended, he is fearful, but if he is kicking, he is willful.

Regardless of whatever problems the child may have presented or whatever disciplinary measures may have been required, he should be dismissed in a friendly manner. Find something for which he may be complimented truthfully. The parting gift, be it a prescription for an ice cream cone, souvenirs, an empty box, a cotton roll, or a drop of mercury, makes a favorable impression on the child.

*State Department of Health  
Lincoln, Nebraska*

# YOUR STORY MAY WIN \$100

Write that story *today*.



If you are a dentist, a dental assistant, a dental hygienist or a patient—we want to know what you are thinking about.



Tell us how the war has changed your dental practice, what you are doing to promote the war effort, or what you think is going to happen to dentistry after the war.



If you have a human interest story about a dentist-hero, about a dentist who is doing something unusual outside of dentistry—a civic leader, an inventor, a radio or motion-picture star—write it down and send it along *today*.



A prize of \$100 will be presented each month for the best article accepted for publication in ORAL HYGIENE. All other manuscripts accepted will be paid for at the regular word rate.

*It is important to remember that every article must have a dental angle. Specific articles will be given preference.*



Here are a few rules to follow:

1. Do *not* write more than 1500 words.

2. Do *not* strive for a "literary" style. Write down your experiences or those of someone else in a simple, direct manner without padding or digressions.

3. Your manuscripts should be typewritten, double-spaced, and sent with return postage.



Good pictures or drawings to illustrate your article will be welcome.



Your story may win the \$100 prize. Send it today to:

Edward J. Ryan, D.D.S.  
Editor, ORAL HYGIENE  
708 Church Street  
Evanston, Illinois.

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# ORAL HYGIENE POLL

## DENTAL HYGIENISTS

### Second Quarterly Dental Opinion Poll

TOTAL VOTE CAST: 3,357

	Yes	No	No Opinion	Not Even For Prophylaxis	Not at All
1. Do you believe that the dental hygienist has a place in dental practice?	82.3%	17.2%	.5%		
2. Do you believe that her services should be confined to routine prophylaxis?					
a. Those who answered YES and No Opinion to question one	57.8%	24.4%	.6%		
b. Those who answered NO to question one	8.7%	.09%	.33%	8.1%	
3. Do you believe that the dental hygienist should operate always under the supervision of a licensed dentist?					
a. Those who answered YES and No Opinion to question one	74.3%	8.0%	.5%		
b. Those who answered NO to question one	9.9%	.15%	.3%		6.9%
4. Do you advocate more training for dental hygienists?					
a. Those who answered YES and No Opinion to question one	44.7%	34.5%	3.6%		
b. Those who answered NO to question one	4.5%	5.9%			6.9%
5. Do you believe that, if men and women are trained as dental hygienists in the armed forces, they should be licensed to practice in their respective states?					
a. Those who answered YES and No Opinion to question one	36.1%	45.3%	1.5%		
b. Those who answered NO to question one	1.3%	15.1%	.7%		

**QUESTION 1**

**Do you believe that the dental hygienist  
has a place in dental practice?**

State	Total Vote	Yes	No	No Opinion
*1. Alabama	22	21	1	0
2. Arizona	10	10	0	0
*3. Arkansas	17	16	1	0
*4. California	227	189	37	1
*5. Colorado	49	36	13	0
*6. Connecticut	62	56	6	0
*7. Delaware	4	3	1	0
*8. Dist. of Columbia	24	20	4	0
*9. Florida	29	25	4	0
*10. Georgia	31	29	2	0
11. Idaho	9	8	0	1
12. Illinois	288	212	75	1
13. Indiana	72	52	20	0
*14. Iowa	61	53	6	2
*15. Kansas	58	49	9	0
*16. Kentucky	31	26	5	0
*17. Louisiana	24	22	2	0
*18. Maine	23	22	1	0
19. Maryland	28	24	4	0
*20. Massachusetts	163	145	17	1
*21. Michigan	106	94	7	5
*22. Minnesota	91	80	10	1
*23. Mississippi	17	15	2	0
24. Missouri	87	62	24	1
*25. Montana	19	18	1	0
26. Nebraska	36	20	16	0
27. Nevada	8	6	2	0
*28. New Hampshire	10	10	0	0
29. New Jersey	117	70	47	0
*30. New York	445	373	70	2
*31. North Carolina	31	30	1	0
32. North Dakota	13	12	1	0

State	Total Vote	Yes	No	No Opinion
33. New Mexico	8	6	2	0
*34. Ohio	158	127	31	0
35. Oregon	27	19	8	0
*36. Oklahoma	40	31	9	0
*37. Pennsylvania	237	203	34	0
*38. Rhode Island	14	12	2	0
*39. South Carolina	20	20	0	0
*40. South Dakota	30	25	5	0
*41. Tennessee	43	36	7	0
42. Texas	84	62	22	0
43. Utah	11	8	3	0
*44. Vermont	9	8	1	0
45. Virginia	33	30	3	0
*46. Washington	55	51	3	1
*47. West Virginia	32	26	5	1
*48. Wisconsin	111	96	15	0
*49. Wyoming	14	13	1	0
50. Unclassified	219	182	37	0
	3,357	2,763	577	17

\*Note: The 34 states marked with an asterisk license dental hygienists. In 28 states they are permitted to practice in a dental office, for the Board of Health, in schools, and hospitals. Two permit them to practice only in a dental office. In one, they can practice in public institutions, schools, and hospitals. In three states, they can practice anywhere under supervision of a dentist.

## THIS IS THE QUESTION

Please express your opinions on the third quarterly ORAL HYGIENE poll of the dental profession. What form of old-age security for dentists do you prefer? Mark the accompanying ballot today and mail it to the Editor of ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

# THE HYGIENIST HAS A PLACE IN DENTAL PRACTICE

By ROSA HUGER

**Dental poll reveals three-fifths of U. S. dentists oppose licensing of hygienists trained in the armed forces.**

THE DENTAL PROFESSION has voted that the dental hygienist has a definite place in the dental practice of the United States.

The second poll of dental opinion covering a representative cross-section of dentists in 48 states and the District of Columbia, with 3,357 dentists voting, revealed that 82.3 per cent favor the use of the dental hygienist in dental practice; 17.2 per cent are against the use of the dental hygienist; and one-half of one per cent expressed no opinion.

Several outstanding reasons favoring dental hygienists are:

"Why not have a place for women in the dental profession?"

"She has a place for limited, prescribed duties."

Remarks opposing dental hygienists are:

"Her field of work is too limited."

"Dental hygiene is too important to be left in the hands of hygienists."

Of the total number of dentists participating in the poll, 66.5 per cent favor the use of dental hy-

gienists for prophylaxis and 24.49 per cent feel hygienists might also perform other services. However, 8.1 per cent do not wish dental hygienists to be used even for prophylaxis and 6.33 per cent expressed no opinion.

Of the total who voted "Yes" to question number one and who feel that dental hygienists have a place in dental practice, 70.2 per cent voted that their services should be confined to simple prophylaxis treatments; but 29.7 per cent said that their services should not be confined to routine prophylaxis, evidently indicating the belief that they might perform other services not conflicting with dentistry. Of this group, .7 per cent expressed no opinion.

## Limit Services

Of the dentists who believe that dental hygienists have a place in dental practice, 50.4 per cent said that if they were allowed to practice, their services should be confined to routine prophylaxis but 47.1 per cent completely oppose their use even for prophylaxis.

Typical reasons given by the 70.2 per cent who think the hygienists should be used but their services limited are:

"She should do routine duties and examinations of children."

"She should do only prophylaxis in the mouth, but should help the dentist otherwise."

Others believe that if their services are confined they would be of no value. Some pointed out they should do "preventive dentistry," "treatments and cements," "health education," and "relieve simple toothaches."

Eighty-four and two-tenths per cent of the total dentists voting believe that the dental hygienist should operate always under the supervision of a licensed dentist; 8.15 per cent, however, are convinced that because of increasing pressure of work during the war emergency, dental hygienists might operate without direct supervision of dentists; 6.9 per cent did not favor any use of dental hygienists even under the supervision of dentists; .8 per cent expressed no opinion.

Those who voted that dental hygienists have a place in dentistry overwhelmingly favor supervision by a licensed dentist with a 90.3 per cent affirmative vote. Only 9.2 per cent believe that they should work without supervision; and .5 per cent expressed no opinion.

### Want Supervision

Of those who are opposed to use of dental hygienists in practice,

57.4 per cent suggest that if they are to be used they should always work under supervision. However, 40 per cent of this group definitely oppose their use in any manner; .9 per cent of this group feel they could work without supervision; 1.7 per cent expressed no opinion.

Significant comments of those favoring supervision are:

"Absolutely she should work under supervision as her knowledge is limited."

"She should work under supervision except in school clinics."

Those who feel she could work without supervision say it is all right provided, "she practices only hygiene."

The need for more training of dental hygienists is expressed by 49.2 per cent of the total dentists voting; 40.4 per cent feel that their present training is adequate but 6.9 per cent are opposed to allowing anyone to attempt the service of prophylaxis who does not have a D.D.S. degree; 3.6 per cent expressed no opinion.

Of the group favoring the use of dental hygienists, 54.2 per cent propose more training; 41.9 per cent feel they need no more training; 4.4 per cent expressed no opinion.

Twenty-four and six-tenths per cent of the dentists opposed to use of dental hygienists believe that if they are to be used at all, they should have more training; 75.4 per cent are opposed to any training for dental hygienists since they are convinced they have no place

in dentistry in this country.

Dentists who advocate more training for dental hygienists gave varied reasons such as "little knowledge is dangerous," "a course in children's dentistry," "more standardized training of four years," and "yes, if applied to prophylaxis only."

### Wartime Training

Those opposing more training suggest that because of the war, there is a greater need for dental hygienists at this time and there should be a minimum requirement. Others said, "not more training—just better training," "don't need more unless they teach them to assist in other ways."

A majority of those who do not want hygienists in any manner, seem to oppose them until they receive a D.D.S. degree. Reflecting this sentiment were: "Only a D.D.S. should operate in the mouth, all others will open up the door of illegal practice." "Her services are absolutely unnecessary."

The question of whether men and women trained as dental hygienists in the armed forces should be licensed to practice in their respective states after the war brought a great difference of opinion. Out of the total vote of 3,357 dentists, 60.4 per cent were opposed; only 37.4 agreed they should be licensed; 2.2 per cent had no opinion.

Even among those who most favored use of dental hygienists, 55

per cent opposed licensing of dental hygienists trained in the armed services; 43.8 per cent are in favor; 17.7 per cent are undecided.

A large majority, 87.9 per cent of those opposed to the use of dental hygienists, said Army and Navy trained hygienists should not be licensed. Only 7.8 per cent approved their licensing; 4.3 per cent expressed no opinion.

The 60.4 per cent against the licensing of hygienists trained in the armed forces expressed this disapproval with varied comments, "the respective State Boards of Dental Examiners should decide this," "no more than to the extent that dentists be licensed in any state by reason of armed service; very few hygienists (so-called) in the Army get the required course of training civilians do," and "many dental hygienists are getting short courses that do little more than qualify them as chair assistants."

Many favor the licensing of the hygienists trained in the armed services if they passed a State Board, if they practiced under supervision of a licensed dentist, or if they had high quality of training. Some suggested a six months' training course in their respective states before being licensed. Others said, "only women," "only during the war."

Those who expressed no opinion were undecided because they had insufficient knowledge of Army training to give an intelligent answer.

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## Dentists in the News

**Memphis (Tennessee) Commercial Appeal:** A dentist, Captain Gordon S. Sanctuary of Jamestown, New York, who was willing to be his own guinea pig, flying five miles above the earth to test his invention for eliminating facial frostbite, has perfected a mask for flyers. For more than two hours Captain Sanctuary faced through the open window of a Fortress a blasting wind as cold as would be found in the Arctic Circle.

"Well, it worked," he reported happily when he landed. "My breath condensed and froze in little strings of ice on my jacket once it had been exhaled through the mask. But my face was kept nicely warm."

Instead of the regulation oxygen mask which leaves about one-fourth of the wearer's face exposed, Captain Sanctuary has a "homemade" mask which completely covers his features. The 29-year-old dentist, who serves the second oldest B-17 bombardment group in the Mediterranean theater, tinkered at night for three weeks before he perfected the invention.

**San José (Costa Rica) Tribune:** Doctor José Joaquín Jiménez Núñez, a practicing dentist of San José, has just been appointed to the presidency of the University of Costa Rica. This is the first time a dentist has received this distinction in Costa Rica. Doctor Núñez, who is 65, is a graduate of the College of Surgeons of London. He has a son and a daughter who received

their dental degrees from Loyola University in New Orleans. His daughter is the first practicing woman dentist in her country.

**New York (New York) Daily News:** Natives of the newly occupied Green Island in the South Pacific have received their biggest thrill not from planes, guns, or bulldozers, but from the removable teeth of an American Seabee. While passing a native village one day, the Seabee was invited in for a meal of roast pig. When a piece of meat was handed to him, he casually pulled out his upper denture and began eating. The natives gathered around, gesticulat-



ing excitedly, and the Seabee had to replace the denture and remove it several times. The natives looked on in awe.

When the Seabee left one of them followed him back to camp. Another day a delegation called at his tent, bearing baskets of fruit as gifts. Later the natives invited him to another feast, telling him in pidgin English that they had asked other islanders to come and see this amazing white man with the removable teeth.

**Philadelphia (Pennsylvania) Record:**  
(Continued on page 770)





*International  
Newsphotos.*

**Members of the crack Hermann Goering Division taken prisoner in action south of Rome. Prisoners are being hauled to concentration camps.**

THOUSANDS of German prisoners in camps throughout this country are receiving essentially the same medical care, including dental service, that is provided for our own soldiers. In line with this established policy, a dental survey has been made to determine the dental condition of each German prisoner in a middlewestern camp and what type of restorative service he may require. Results of this survey have been reported by Captain Raymond E. Frutiger in *The Bulletin of the U. S. Army Medical Department*. Besides indicating the present dental conditions of the German

## DENTISTRY IN THE GERMAN ARMY

soldiers examined, this survey offers interesting information about German dentistry as it has been practiced under wartime conditions!

A dental survey was made at a camp in Illinois, of 1,100 German prisoners who had been captured in North Africa. All of them were enlisted men. Of this group 86 per cent had received dental treatment in the German Army; 14 per cent had either been in good dental health when surveyed by their dental personnel or had avoided the dental service. It was found that about 4 per cent of the latter group required extensive dental treatment such as extractions, "fillings," and prosthetic appliances.

## German prisoners given complete dental examinations.

Dental treatment in the German Army, the prisoners said, was optional; however, each soldier was urged to have the necessary service, and examinations were made occasionally to see if the service had been given. These men had been sent to North Africa late in 1942. Some men requiring dentures said that impressions had been taken in North Africa, but they had been transferred to another location before the appliances could be inserted. A man entering the German Army is given a complete physical examination. In some cases the dental service may be done by a civilian with a recommendation from the Army as to type of treatment indicated and the cost is borne by the government in accordance with a previously established fee.

### Extractions Needed

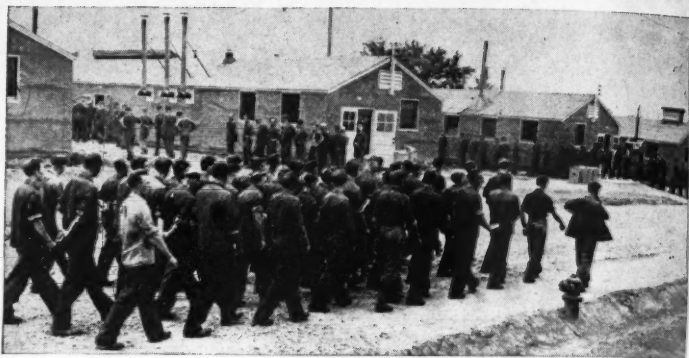
This dental survey showed that about 33 per cent of the Germans needed two or more extractions. Most of the prisoners were reluctant to submit to the necessary dental treatment, preferring to wait until toothache developed. About 22 per cent of the men required emergency "fillings"; another 2 per cent did not have a sufficient number of teeth to masticate the Army ration, or had lost or broken their dentures; 57 per cent of the prisoners required emergency treatment such as extractions, "fillings," or dentures; 31 per cent

needed routine "fillings," while another 2 per cent were listed as in need of partial dentures. There were only 9 per cent of the prisoners who did not need some treatment.

A substitute type of "filling" material, commonly used in posterior teeth and similar to the silicate cements used in this country, was found in more than 650 "fillings." This material seemed much harder and more resistant to crushing forces than the silicate cements; however, the "filling" was extremely weak at the margins or wherever shearing stresses were encountered. The majority of these "fillings" had faulty margins with extensive recurrent decay and many had devitalized pulps with periapical abscesses. Cement bases were not used under any of these restorations regardless of the depth of the cavity.

### Service by Civilians

About 400 of the 650 substitute type "fillings" were done by civilian dentists. The remainder were inserted by dental officers in combat zones. In only two cases had amalgam been employed recently, and these "fillings" were inserted for the prisoners by British dental officers in Algiers. However, a larger number of amalgam restorations had been placed before the German shortage of amalgam developed, which according to a former German dentist was in 1940.



### *International News*

Only twenty-five partial dentures and seven full dentures were seen during this survey. Twenty-two of these dentures were made of acrylic; the majority of which were made in Italy and North Africa. The vulcanite dentures, all made by civilian dentists, were unusual; they were a combination of wipla metal in the palatal area with vulcanite flanges. Rubber suction cups were used in the palate of two full dentures. One of the prisoners had lost the cup in his full denture. Wipla metal was also used in the palatal area and incorporated in the flanges with retention clasps in the vulcanite partial dentures. The lingual bars in lower partial dentures were made of vulcanite or acrylic. The clasps used were of a fine-gauge, wrought stainless steel wire. Occlusal rests were not constructed in any of the partials. Two of the vulcanite partials were retained by a vulcanite bar with no clasps, while four partials had a band-type circumferential clasp. Defective abutments, broken clasps,

**View of German prisoners of war housed at Camp Breckinridge, Kentucky. They are guarded closely at all times.**

and warpage resulted in the non-serviceability of all the partial dentures made of vulcanite, while warpage was present in cases where wipla metal was used.

### **Use Stainless Steel**

Stainless steel is used almost exclusively for crown and bridge work and all large military installations, including mobile units, have special laboratory facilities for using this material. Among these 1,100 German prisoners 58 had stainless steel bridges, the majority of which were made in North Africa and Italy. These bridges, generally well constructed, consisted chiefly of full cast crown abutments with a wide use of the suspended pontic. They retained a high luster and were resistant to corrosion. The cast steel full crowns usually made by civilian

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dentists are extensively used for restoring individual teeth.

Two bridges made by civilian dentists were of special interest, the one a complete acrylic bridge with jacket crown abutments from the right cuspid to the left central incisor, and the other an all-acrylic cantilever type replacing the upper right lateral incisor, which was suspended from a jacket crown on the right central incisor. The two bridges were massive from an esthetic point of view but they were quite serviceable.

Three men also had porcelain jacket crowns made by civilian dentists, all of which were well constructed and pleasing in appearance. One of the men had porcelain jackets on all of his upper incisor teeth.

The incidence of Vincent's stomatitis has been surprisingly low in this group at Camp— with

only 10 cases and these have not been typical. The infection usually has been superimposed on a traumatic gingivitis caused by subgingival concretions and then generally on one side of the mouth. Although the mouth hygiene of the average German prisoner is good, these cases of Vincent's infection resulted from improper care of the mouth.

Most of these men have been in the German Army for more than four years. Some of them served in the Polish, French, and Russian campaigns and with the Afrika Korps. Troop movements and the universal reluctance of the individual to seek dental treatment, even though it is available, resulted in their present dental condition. To date only 22 per cent of the prisoners have reported to the dispensary for dental treatment since the survey.

### PLAN INSTITUTE ON DENTAL HEALTH ECONOMICS

IN ORDER to bring together outstanding leaders in the field of dental health the School of Public Health of the University of Michigan has announced plans for an Institute on Dental Health Economics to be held at Ann Arbor from June twenty-sixth to July first.

Registration must be limited to fifty members to facilitate the formulation of concrete proposals for a dental health program. Although an attempt will be made to obtain a geographic distribution of the applicants, first consideration will be given to the order in which applications are received. The registration fee is ten dollars. Requests for application blanks should be sent promptly to Doctor Kenneth A. Easlick, School of Public Health, Ann Arbor, Michigan.



## Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties," John Milton

### HEALTH SERVICE IN THE SOVIET UNION

WHEN SIR ARTHUR Newsholme and John A. Kingsbury wrote their book *RED MEDICINE* describing health care in Soviet Russia in 1933 they did not receive a cordial reception from the professional organizations and journals in the United States. At that time it was not quite good form to say anything favorable about the Soviet Union. To do so was to risk the opprobrious epithet of "Communist." Now that Russia is an important part of the United Nations one may comment on the USSR without endangering life or reputation. In fact we might even make the cautious observation that the magnificence of the present Red Army might in part be the result of the public health program that has been enforced in Russia since 1918.

A present visitor to the United States, Doctor Vladimir V. Lebedenko, Professor of Surgery of the First Moscow Medical Institute, has outlined the organization of health care in the Soviet Union. Briefly, the system operates as follows:

1. All health activities are under the supervision of the Commissariat of Health.
2. All health care and the health professions are financed by social insurance funds collected by the trade unions. In 1940, 5 per cent of the total national income or 4½ billion dollars were spent for health in the USSR.
3. Health care is rendered by group practice in medical centers maintained from social insurance funds.
4. All practitioners are paid on a sliding scale of salaries. They are paid while attending the required postgraduate courses each year and are eligible for a four-week annual vacation with full pay. Private practice comprises about 10 per cent of the total activity.

5. The costs of professional education are paid by the government.
6. The Commissariat of Public Health provides a sufficient number of auxiliary personnel. These assistants—midwives, nurses, medical, dental, and pharmaceutical assistants—are trained in over 1000 training schools at government expense.
7. The dental, medical, and pharmaceutical industries are under the direct supervision of the People's Commissariat of Public Health.
8. Research in every phase of health care is supervised by the Health Commissariat. The All-Union Institute of Experimental Medicine is a research center well equipped and well staffed with specially trained research workers.
9. Health education is undertaken directly by the government and carried out jointly by the health departments and health committees of the factories and farms.
10. Periodic health examinations are compulsory by law. Dental treatment is obligatory in all schools.

After reflecting on these ten points each one of us reacts according to his social philosophy. A large number of dentists will agree that the organization of health care in Russia appears to be better in some respects than in the United States. Many of these same persons, however, will oppose any specific legislation that might improve the quality of health service for our people. Another group among us has not forgotten the labels of Communism and the images of bewhiskered Bolsheviks with bomb in hand ready to destroy our institutions. This group still looks upon our ally, Russia, with fingers firmly crossed.

As Americans learn more about Russian life and institutions we will have to be prepared to answer inquiries from interested people about the organization of health service in the USSR. We will have to prepare ourselves to make ready and accurate answers to these queries.

*Edward J. Ryan*



## Military News

### The Dental Corps in Action:

Approximately 1,000,000 men have been rendered dentally fit for general military service since the start of the war, the War Department disclosed in a recent report. More than 1,080,000 new dentures have been furnished, and 31,142,000 restorations have been placed. More than 56,000 bridges, 220,000 denture repairs, and 3,235,000 prophylactic and pyorrhea treatments have been provided. During the later months of 1943, 30 per cent more teeth were replaced by dentures and bridges than were extracted by the Dental Corps.

Since the outbreak of the war, the report shows that Army dentists have served 15,935,000 dental patients involving no less than 45,618,000 appointments.

Figures to date disclose only 70,400 cases of cellulitis and approximately 1,520 of osteomyelitis, the result of dental infection. The incidence of Vincent's infection was 3.64 per 1,000 men during January, 1942, and about 3.9 per cent per 1,000 at the end of 1943.

Under the Army's preventive and corrective dental program men hitherto dentally deficient have been rehabilitated for military service, and a large percentage of them will return from war in improved physical condition as the direct result of improvements in dental health.

### Front-Line Surgical Truck:

A surgical operating truck of a new type, which enables several Army surgical teams to function at the same time

with the result that from eighty to one hundred men can be operated on during a full twenty-four hours, has been devised. The idea for the new truck was that of Major General Norman T. Kirk, Surgeon General, of the U. S. Army.

The teams operate in tents attached like two rooms to the rear of the truck, which is six-wheeled with a two- and one-half ton capacity. The double-walled tent rooms are lined in white duck to give light, and screened windows permit added illumination. Inside the truck, which is approached from the tent rooms by a short stair, are the supplies, instrument cabinets, and scrub sinks.

A surgical mobile unit of the old type permits only one team to function at a time. Operations are performed in the truck, and an attachable tent is used only for receiving and delivering the patients.

### Veterans' Administration Personnel:

All qualified dental and medical employees of the Veterans' Administration will be placed on active duty. The professional personnel affected by this change is divided into three groups:

1. Reserve officers in an inactive status who have not passed their 59th birthday.
2. A. U. S. Officers in an inactive status who have not passed their 45th birthday.
3. Civilians who have not passed their 45th birthday.

To be eligible civilian dentists must be qualified professionally, employed



full time by the Veterans' Administration and be within the age limits described. The processing function will be performed by the Officer Procurement Service.

### To Conserve Medical Officers:

With a view to relieving Medical Corps officers for assignment to professional duties exclusively, a number of changes in Army organization have been ordered by the War Department.

Tables of organization of more than a score of different types of units, including cavalry, coast artillery, antiaircraft, engineers, infantry, medical, ordnance, signal and armored organizations, and divisional and Army headquarters have been modified to direct the substitution of Medical Administrative Corps or Sanitary Corps officers for officers of the Medical Corps.

It is further ordered that executive officers and registrars of numbered or fixed general or station hospitals should preferably be MAC officers, commissioned because of prior experience as civilian hospital administrators, or Medical Department noncommissioned officers.

The aggregate of changes will in time release hundreds of physicians who are not now employed in duties requiring their highest professional skills. It has not been announced whether or not this

new ruling applies to officers of the Dental Corps.

### New Assignment:

Lieutenant (jg) Ethel H. Davis, W-V(s) USNR, has reported for temporary duty in the Division of Publications, Bureau of Medicine and Surgery, Washington, D. C. Lieutenant Davis was formerly assistant editor of THE DENTAL DIGEST.

### Navy Bill Introduced:

Representative Rivers, South Carolina, has introduced H. R. 4216, a bill that provides for the establishing of a Dental Department in the Navy. He will follow this with a similar bill to establish a Pharmacy Department.

The Navy bill would provide for a Director of Dentistry, responsible to the Surgeon General, to be appointed by the President and to have rank of rear admiral. The bill provides that there shall be "chief warrant and warrant officers in numbers not exceeding 5 per cent of the total number of officers of the Dental Department." There will be enlisted men not to exceed 166 per cent of the total number of dental officers, and they are to be given appropriate ratings and pay grades.

Representative Rivers stated that there is legislative interest in the bill, and that the American Dental Association favors it.

## ORAL HYGIENE IS REACHING DENTAL CORPS OFFICERS

FOR MANY MONTHS, ORAL HYGIENE has been mailed to every member of the Army and Navy Dental Corps whose address has been furnished to us. Copies for those overseas are sent by first-class mail. In addition, copies are sent to dental clinics in Army camps and Navy stations in this country, not so many as we would like, owing to the paper shortage, but as many as possible. Each DENTAL DIGEST subscriber in service continues to receive the magazine without further charge and will receive it monthly, until his return to private practice.

(Continued from page 761)

On the last day of January, Doctor S. Blair Luckie, 94, the oldest practicing dentist in Pennsylvania, retired after seventy-two years of service. He sold some of his equipment, gave the rest away, and began remodeling and re-decorating his office at 333 East Broad Street, Chester, as a den to which he could retire with his microscope and his books. But when he learned recently from his colleagues that the clinic at the Theodore Roosevelt School in Mid-dletown township had been without a clinician since school opened last year, he volunteered for the position. Now he is back in dentistry and has forgotten all about retiring.

*New Haven (Connecticut) Yale in China:* For many years Doctor Dimitri Afonsky, a White Russian, has been giving remarkable dental service in connection with the Yale Hospital in Changsha, which is the only one in Free Central China to offer the services of a dentist. Only trained dentist among 22,000,000 people, patients have come to him by river junk, sedan chair, bicycle, steam launch, or on foot, often traveling a week or more to secure his services. Frequently he has packed up his dental chair, foot pedal drill, sterilizer, and instruments, for long journeys to distant points, even to other provinces, to set up work for a month in order to fulfill engagements made two months in advance.

A most versatile person, Doctor Afonsky trained himself as a pharmacist, and when the Hsiang-Ya Medical College moved west in 1938, he took over the preparation of the drugs sent out to 57 different hospitals and dispensaries in Hunan by the Yale Hospital which is the central distributing point for the American Red Cross and the Inter-

national Relief Committee. The closing of the Burma Road has made it impossible to import materials, and the burning of the Yale Hospital by the Japanese in January, 1942, destroyed the x-ray machine and other equipment. Hence Doctor Afonsky left last summer with his young son for Chengtu for further study to prepare himself for greater service after the war

*Chicago (Illinois) Herald & Examiner:* Just after Pearl Harbor, Harry Shearn, 24, went to his dentist, Doctor Emanuel H. Belgrad, of 2801 Milwaukee Avenue, to get his teeth in condition before entering the Army. Doctor Belgrad completed the service but refused payment, saying laughingly:

"Knock out some Jap teeth when you



get into action and that will be payment enough for me."

Back home on a furlough after two years overseas, Private Shearn brought a handful of Jap teeth to the dentist.

"You can mark on your books that my debt is paid," he said, "I knocked these out of a Jap's mouth with a gun butt during hand-to-hand combat. After my next stretch at the front, I may bring you Tojo's molars."

*Chicago (Illinois) Tribune:* Lieutenant Johnny Siegal, former Columbia and Chicago Bears end, has been appointed assistant to Head Coach Emil Hagberg of the United States Naval Academy football team, according to an announcement by the athletic directors at Annapolis. Lieutenant Siegal

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May, 1944

## ORAL HYGIENE

771

was detached today from the Bain- assume official duties as a dentist at the  
bridge naval training station and will Academy hospital.

## CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

ORAL HYGIENE awards for stories published this month in DENTISTS IN THE NEWS go to:

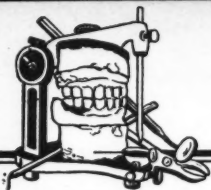
J. FRANKLIN MOORE, D.D.S., c/o American Embassy, Mexico City.  
MISS HELEN DORAN, 2 East Elm Street, Greenwich, Connecticut.  
LOUIS L. BINDER, D.D.S., Philadelphia, Pennsylvania.  
WILLIAM LEAVELL, D.D.S., Oxford, Mississippi.  
G. WINICK, 783 Hopkinson Avenue, Brooklyn, New York.  
STEPHEN HLETKO, D.D.S., 1943 West 48th Street, Chicago.

## ASK MORE AUTHORITY FOR DENTAL CORPS

IN RESPONSE to a request from the Secretary of War, Chairman Robert R. Reynolds of the Senate Military Affairs Committee has introduced a bill to amend the act of March 3, 1911, so as to permit officers of the Dental Corps to exercise command. Existing law grants dentists command power over personnel of the Dental Corps only. The proposed legislation grants command authority similar to that authorized for the Medical, Veterinary, Pharmacy, Medical Administrative and Sanitary Corps; the Nurse Corps being the only one other than the Dental Corps not now having the right to command. In his letter requesting the legislation the Secretary of War said:

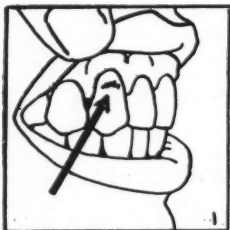
"The training received by officers of the Dental Corps qualifies them professionally for command to the same extent as officers of other corps of the Medical Department, and there are many occasions when it would be most desirable that they be qualified by law to exercise such command. The removal of the . . . statutory limitation would permit maximum flexibility in the administration and command of Medical Department installations."

This action of the War Department is in harmony with the campaign to gain increased authority for the Dental Corps begun by ORAL HYGIENE last July with the publication of RANK WITHOUT AUTHORITY, the story of the handicaps under which the Dental Corps of the Army and Navy operate.

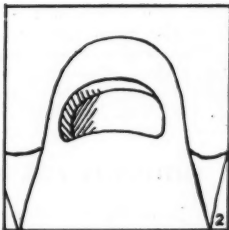


## Technique of the Month

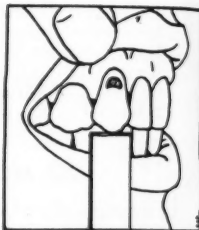
### GINGIVAL PORCELAIN INLAY



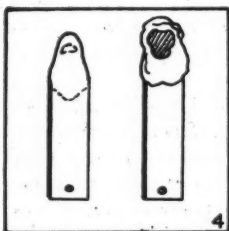
Cavity on gingival of upper cuspid.



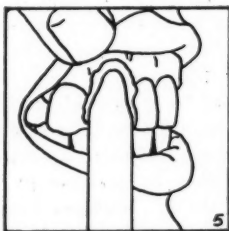
Prepare cavity with parallel walls and no bevel.



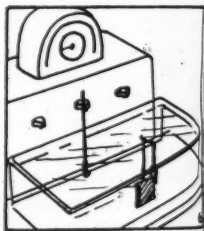
Cut a piece of copper plate the width of the tooth and about 1" in length.



With contouring pliers, shape one end of the copper strip to the labial surface of the tooth. Drill a hole in the opposite end of the strip.



Coat the shaped end of the strip with sticky wax. In the cavity area, cover the sticky wax with inlay wax. Take the impression.



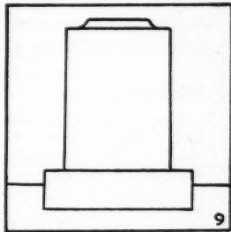
Make die by copper deposit.



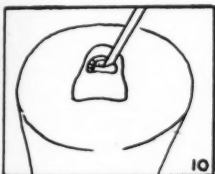
Mount die in impression compound. Shape as shown to fit your swager.



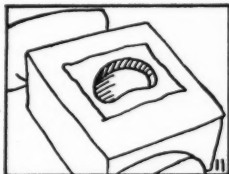
Burnish .00075 gauge platinum foil into the die with a ball burnisher.



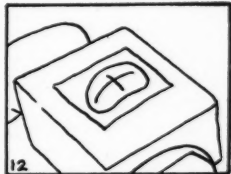
Make the foil double thickness on the cavity margin by folding over. Swage the foil into the die.



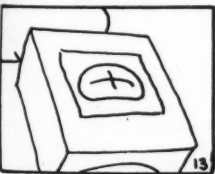
With scalpel, slit and remove the foil from the floor of the cavity. Cut another piece of foil the size of the floor and burnish it into place. Swage and solder this piece to the foil covering the side walls, using pure gold as solder.



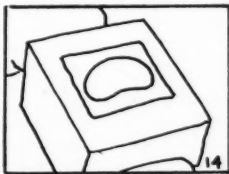
Swage foil again in the die. Invest foil by using Ford's investment. Cover the margins with investment to hold them in place.



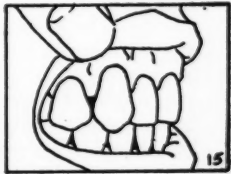
Place high-fusing porcelain in the matrix. Score the surface as shown. Fuse.



Remove fused porcelain from around the margins and introduce additional porcelain, scoring surface as before. Fuse.



Add porcelain and fuse again. This final fusing is principally for margin correction.



Cement in place.



## Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

### Gagging

Q.—I have a patient who gags with her present full upper denture so I wish to make a roofless denture. It is my idea to take her present one, cut out the palatal portion, use Coe trans or some such paste for detail impression and run up my model from this. Do you think that such a case would be stable or is there some better method of taking the impression? Just how wide should the lingual flange be? Are there any special steps needed besides what I have mentioned?—T. S., Illinois.

A.—Provided the full upper denture in question is set to an accurate, balanced occlusion, and provided the jaw relation and set-up is such as not to permit of an occlusal leverage tending to unseat the denture, and provided also sufficiently prominent ridges are available for denture support, you should be able to convert the present denture to a roofless one that will function satisfactorily.

The lingual flange of a roofless denture needs to be just wide enough to extend to the soft area which can be located with the edge of a small mouth mirror. A decided bead for seal should be provided by scraping the cast in this soft area. The depth and width of the bead should vary according to the compressability of the tissue around the periphery.—V. CLYDE SMEDLEY.

### Hypertrophic Gingivitis

Q.—I should like to request some advice as to treatment for a patient who has me puzzled.

The patient, a man, 38, an electrician appears in good physical condition. This man came to me with hypertrophy of the gingivae between the teeth. The anterior spaces appeared in the worst condition although the posterior spaces also were affected. I thoroughly scaled and cleaned all surfaces after I had removed the excess tissue surgically. Everything appeared satisfactory. The patient returned in a few months with the same condition. When I removed the excess tissue, I took off a sufficient amount. I removed it surgically the second time and silver-nitrated tissue as well as used trichloroacetic acid at intervals. Also as a precaution against possible chronic Vincent's infection, I had the patient use hydrogen peroxide wash and I treated the gums with 10 per cent chromic acid. Despite all this, hypertrophy of the gingivae is again appearing. The excess tissue covered about half of the tooth when at its worst and formed flaps such as all these cases show.

With the exception of this excess tissue formation, the patient has a good set of teeth. I should like to know just what I am dealing with and some treatment that will eliminate this excess tissue and keep it eliminated.

Yesterday I had a girl about 17 apply for treatment with a condition similar to the one described. I surgically removed the excess tissue on this girl in November, 1941 and in December, 1943 she was ready for another drastic removal of excess tissue. Her gums show no Vincent's infection or pus condition.

just long flaps that appear inflamed and collect food. I believe that these two cases are in the same class.

Calculus or no home care are absolutely not the cause of these conditions. Under the best of care the tissue again showed hypertrophy.—J. A. M., Missouri.

A.—We have found that in cases of persistent and recurring hypertrophic gingivitis, such as you describe in your patients and which is not due to subgingival deposits, the surgical removal of the tissue must be finished by heat cauterization, the actual electric cautery being the best to use. We have virtually always had a biopsy made and have never had a report of malignancy. It is usually inflammatory tissue and, according to Kronfeld<sup>1</sup>, fibrosis occurs and eventually there may be a true fibroma.

Merritt<sup>2</sup> thinks that this condition is usually the result of subgingival deposits and lack of home care and that, under the correction of these conditions, it will clear up. He also suggests systemic involvement, such as leukemia and scurvy. But apparently your man's case is not referable to either of these causes.

In case of the child, Kletzky<sup>3</sup> says, "A thorough apoxesis must be performed, with careful scaling of the involved root surfaces to remove every vestige of deposit. The surfaces should then be polished thoroughly with fine cuttle strips and flat dental tape impregnated with silex. The patient should

be instructed carefully in brushing technique . . . It is necessary in some of the cases of extreme hypertrophy to resort to conservative surgery."—GEORGE R. WARNER.

### Suction Broken

Q.—I have made some full upper and lower dentures for patients who have worn dentures previously but were dissatisfied with the looseness of the upper denture.

I have extended the new upper dentures a little further back than previously and have postdammed them rather heavily. These new dentures are much tighter than the others but the patients still complain that when they eat the upper dentures fall down in the back. As this happens to be the case with three or four patients, I should very much like to know what could be done to correct the condition. Is it possible that I have extended them back too far?—H. P., New Jersey.

A.—Of course, you know that the occlusion is responsible frequently for breaking the suction of upper dentures. Overextension of the periphery with consequent muscle tension is another cause. Too heavy postdamming may cause, first blanching, then strangulation of tissue, then soreness or resorption with resultant loosening of the denture, or if the postdam extends too far onto the soft palate, movement of the palate in function may dislodge the denture.

In the occasional case where all of the factors mentioned here are as near right as we can get them and the denture still drops, I find that satisfactory stability can be secured often by extending the denture well back onto the soft palate with a contact that can be tolerated. It is surprising how far back the denture can be extended and what additional stability can

<sup>1</sup>Kronfeld, Rudolf: Histopathology of the Teeth and their Surrounding Structures, Lea & Febiger, 1933.

<sup>2</sup>Merritt, Arthur H.: Periodontal Diseases, Diagnosis and Treatment, Macmillan, 1939.

<sup>3</sup>Kletzky, Benjamin: Care of the Soft Tissues Surrounding the Teeth of Children, J.A.D.A. 19:793 (May) 1932.



thus be provided in many cases.—  
V. CLYDE SMEDLEY.

### Placing Acrylic Crown

Q.—Will you kindly advise me as to what to do about preparing cuspid teeth for acrylic jacket crowns for a patient who is just 21? Would there be too much danger of the pulp becoming devitalized when the patient is so young? If so, how else could a lateral incisor be replaced, without having any gold showing, by just attaching it to the cuspid? As there is a lack of space it would be impossible to put in a removable restoration.—J. R. M., North Carolina.

A.—The advisability of preparing a tooth for a jacket crown for a patient 21 years of age can be determined ordinarily by the position and size of the pulp as shown in a roentgenogram. The response to thermal shock is also a guide.

However, we feel that a much better method of attaching a lateral incisor to a normal appearing cuspid is by the use of the pin ledge attachment. This is a strong attachment requiring little loss or destruction of tooth substance and not entailing any show of gold.—  
GEORGE R. WARNER.

### Drooling

Q.—Could you kindly give me the cause and suggest a solution or treatment for drooling in a patient wearing full upper and lower dentures for the past eight years?

The condition was not evident at first but developed during the last few years.—  
G. J. H., Illinois.

A.—The oozing or drooling of saliva into deep wrinkles is usually the result of sagging tissues in closed bite denture cases. The remedy is to make new dentures restoring the vertical dimension and supplying the upper denture with buccal plumpers to support the cheeks and lessen the depth of the wrinkles at the corners of the mouth.—V. CLYDE SMEDLEY.

### Grinding of Teeth

Q.—I have a patient, a young man, 21, who is grinding his teeth, and they are wearing down. He says he grinds them at night and I was wondering if a bite splint made out of plastic would be of any assistance, and would you make it so the lower and upper teeth would fit in it or just for the upper teeth? What would be the procedure?—  
L. J. T., Oklahoma.

A.—It is entirely feasible and the correct procedure to fit this young man with an acrylic occlusal splint to be worn at night.

I would suggest that you try first making just a lower splint. Make it with a flat occlusal plane. Later you could make an upper with a flat occlusal plane to occlude with the lower plane if there seems any need for it; but in all probability just the one will be sufficient.—V. CLYDE SMEDLEY.

### THAT GOLDEN SILENCE

SENATOR THEODORE G. BILBO's new dentures, or rather their absence, has saved the vocal chords of Southern poll-taxers for six weeks. With another filibuster inevitable against the anti-poll tax bill which is soon to come up, the Democratic leaders of the Senate have postponed action until Mississippi's Senator Bilbo—who will lead the campaign against it—gets his dentures from a behind-schedule Washington dentist, has them installed, and gives them a workout.

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## Laffodontia

"I am sorry," said the dentist, "but you can't have an appointment this afternoon. I have eighteen cavities to fill." And he picked up his golf bag and went out.

★

He: "If I had a million dollars, do you know where I'd be?"

She: "I'll say! You'd be on OUR honeymoon!"

★

A mother who had a daughter employed in defense work in Washington, wrote to ask her just what she was doing. The reply follows:

"I work in the data-analysis group of the aptitude-test sub-unit of the worker analysis section of the division of occupational analysis and manning tables of the bureau of labor utilization of the War Manpower Commission."

★

"There! Broke my looking-glass! Now I suppose I shall have seven years' bad luck," said Mrs. Jones.

"Don't you believe it, Mrs. Jones!" said Mrs. Brown. "A friend of mine broke hers, and she didn't have seven years' bad luck. She was killed in an explosion next day!"

★

She: "Thanks for the hug."

He: "Oh, the pressure was all mine."

★

She: "What do you mean by kissing me? What do you mean?"

He: "Er-er-nothing."

She: "Then don't you dare do it again. I won't have any man kissing me unless he means business."

### DEFINITIONS

Wiener. Hamburger with tights on. Hobby. Something interesting.

Flirtation. A spoon with nothing in it.

Darkest Hour. Just before the pawn. Bare Living. Acting as an artist's model.

Man of the Hour. A chap who makes every minute count.

Dumbbell. The guy who went to a music store to buy pajama strings.

Teaspoon. A table utensil that people raise half way to their face and then snap at it.

Toastmaster. A person who thinks you are too dumb to notice what a wonder the speaker is unless he tells you.

★

Mr. Ducken, the new foreman, was making the rounds of the factory when he found John idling behind some crates. "I'm Ducken, the new boss," he said.

"So am I," John answered.

★

A middle-aged woman lost her balance and fell from a window into a garbage can. A Chinaman passing by was heard to mutter:

"Velly wasteful, these Americans. That woman good for ten years yet!"

★

Girls, when they went out to swim. Once dressed like Mother Hubbard. Now, they have a bolder whim; They dress more like her cupboard.



**"MY PET PATIENT,"** discloses Dr. A. V. P., "is a girl whose salivary glands become hyperactive in moments of nervous tension. The result is a fountain-like spray which describes a perfect parabola from her to me.

"But I forgive much to such a good pupil. When I said her teeth positively glistened, she answered, 'That's because you advised me to use the only dentifrice containing sodium ricinoleate to peptize the adherent mucin and make it more readily removable with a brush.'

"Or, in simpler language,  
I'm a Detoxol fan."



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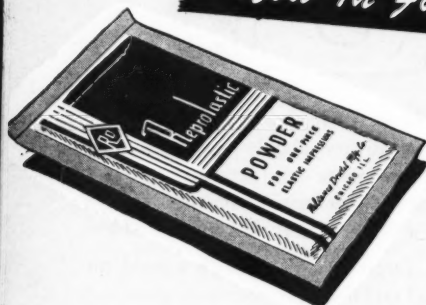
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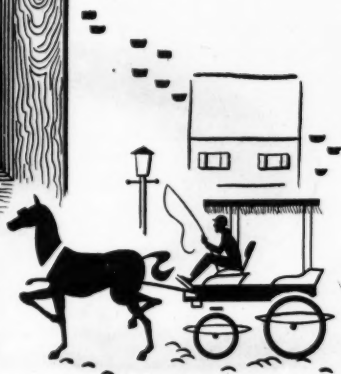
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- ☼ Webs provide greater, more effective polishing surface
- ☼ Webs retain abrasive while in use



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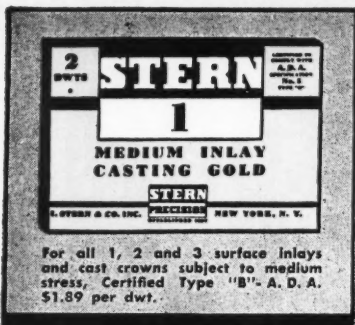
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SOFT INLAY CASTING GOLD	MEDIUM INLAY CASTING GOLD	HARD INLAY CASTING GOLD	PARTIAL DENTURE CASTING GOLD

STERN	STERN	STERN	STERN
<b>10</b>	<b>20</b>	<b>30</b>	<b>SPECIAL</b>
MEDIUM INLAY CASTING GOLD	HARD INLAY CASTING GOLD	PARTIAL DENTURE CASTING GOLD	WHITE PARTIAL DENTURE GOLD

### STERN SPECIAL SERIES

# Dentures that cover the Retromolar Pads ... without Tissue Displacement

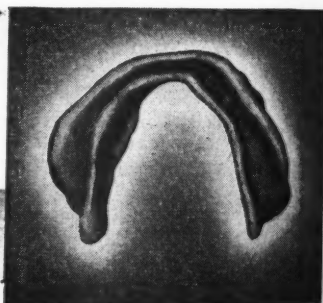
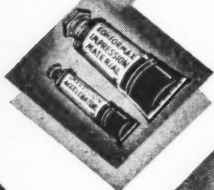


The dental profession has attempted for years to build well fitting and comfortable dentures that covered the retromolar pads.

Failure has usually been due to the fact that such impressions were taken under compression with consequent displacement of soft tissues.

Konformax Impression Material is the answer to this problem because it takes impressions without tissue displacement. It has sufficient flow to allow soft tissues to retain their normal positions. No gagging or heat generation occurs during setting. Chilling is unnecessary.

No dimensional changes occur in impressions after the latter leave the mouth. No immersion in water or chemical solution is necessary. Impressions may be poured any time within thirty days.



**KONFORMAX DIVISION,  
PERMATEX COMPANY, INC.,  
Brooklyn 29, N. Y., U. S. A.**

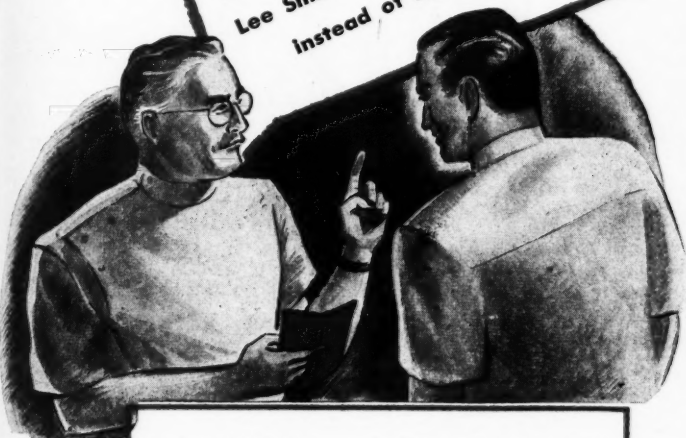
Send copy of new Konformax Impression Material folder to:

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FOR MORE POTENT ACTION  
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Lee Smith uses GLUCONIC ACID  
Instead of Hydrochloric!



Potency is, of course, the first requisite of a good anesthetic. In Glucaine the procaine is easily released from its vehicle . . . mild gluconic acid . . . producing rapid, potent anesthesia.

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Phone your dealer TODAY for a supply of Glucaine.

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to you, and to your patients, for the consistent delivery of unquestioned quality . . . always guarded by "The Best Known Name in Gold." It is your responsibility to yourself and to your patient to say DEE GOLD.

*Your copy of the Dee Physical Property Chart will be sent on request.*

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**DEE & CO.**  
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## *Vitamins in Dentistry*

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### ORAL VITAMIN DEFICIENCY MANIFESTATIONS

Why?

A booklet... Leaders in the field of Nutrition and Dentistry were asked to prepare. There are 20 references to published papers and 10 illustrations to aid.

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VITAMIN  
DEFICIENCY  
MANIFESTATIONS**



**PATIENTS** expect the modern

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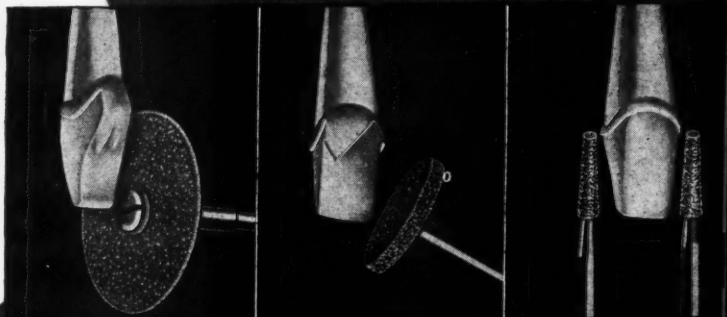
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FOOD  
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INTERACTING KNIVES

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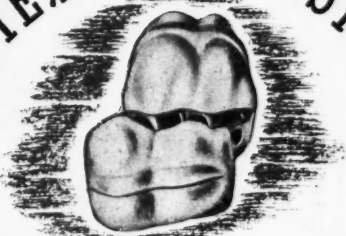
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ONE OF THE fundamentals for the efficient function of *natural posteriors* in masticating food is the design of the occlusal surfaces. A broad food table holds food in position. Articulating cusps cut, grind and triturate.

The engineering of the occlusal surfaces of 20° posteriors follows Nature's plan. Their broad food table holds food in position — the engineering of cuspal planes provides scientifically interacting miniature fine knives which cut, grind and triturate food.

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— to save time  
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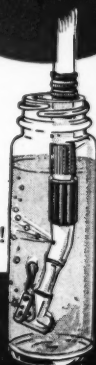
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KLS-cleans, helps to  
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... that Silv-O-Dent has been in constant  
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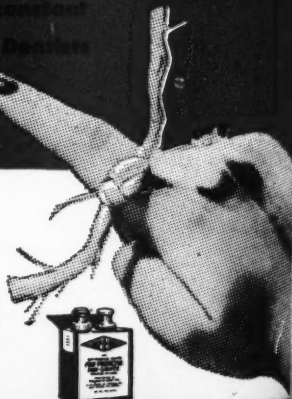
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## PERMANENT ACRYLIC RELINER

### Made of Acrylic Resin

For Full Plates and Partial  
Guaranteed to Equal The  
Life of the Denture

**NO BURN! NO STING! NON-TOXIC!**

**NO TECHNIQUE REQUIRED**

In PERMA-  
DENT we offer  
a reliner not to  
be confused with  
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foul smelling  
acrylic reliners  
that require the  
use of cellophane  
or reliners made  
of vinyl or cellu-  
lose resins that are not permanent, have  
considerable shrinkage and gradually  
lose their shelf life in a short time and  
require the use of thinners.

### *As Simple As*

- 1—Swab denture area to be relined with chloroform.
- 2—Spread PERMA-DENT on area.
- 3—Seat denture and discharge patient.

**ONE MINUTE  
CHAIR TIME**

**\$8.00 PER KIT**

(TRANSPARENT)

Enough PERMADENT for 25 Average  
Dentures! Only 32c Per Denture

### The ONLY Acrylic Reliner That Offers These Remarkable Qualities

- NO BOILING! NO PROCESSING!
- Requires no cellophane!
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- Can be used on vulcanite!
- Non-irritating!
- Non-burning! Non-stinging!
- Non-Toxic!
- Tasteless! Odorless!
- Becomes permanent and forms integral part of denture!
- Hardens or sets only in the acid or alkaline medium of the mouth.
- Never requires thinners as consistency always remains the same in any temperature.
- Its shelf life is forever.
- A delicate, transparent pink which definitely blends with any denture color, as original denture color is easily visible through PERMADENT.



**PROVE PERMADENT BY TEST**

*With The Privilege of Returning Unused Portion  
of Every Kit Ordered*

Order From Your Dealer or Order Direct,  
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NO  
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**TO BE SURE OF  
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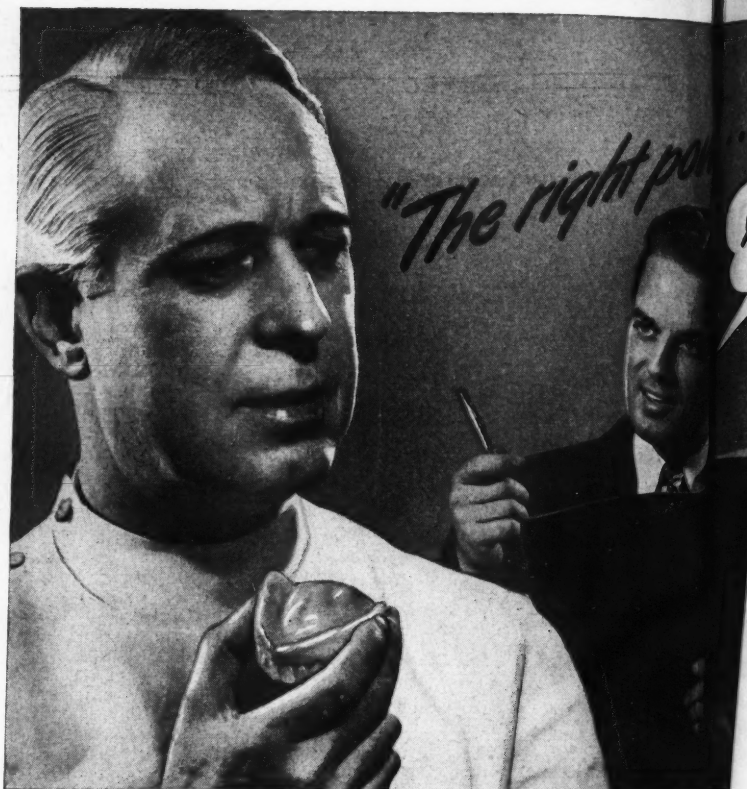
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Though some other artificial stones may approximate Castone's great strength and hardness, few of them even approach its extremely low setting and thermal expansion, and none is so tough and resistant to chipping. These qualities, plus its velvety smooth surface texture, make Castone an ideal material for fine die work as well as minimizing make-overs when used as the model for full dentures or large cast restorations.

**THE RANSOM & RANDOLPH CO.**

**TOLEDO, OHIO**



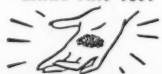
## Here's why Dr. Wernet's is the right denture powder

### APPLYING DR. WERNET'S



Scatter powder on the ridge area and up sides to periphery, across post dam. Shake excess off.

### MAKE THIS TEST



Mixed with a little water in the palm of the hand, Wernet's forms a smooth thin film—an insoluble

**1 NON-INCORUSTATING**—Daily cleaning of the denture will dissolve and remove *all* traces of Dr. Wernet's powder, leaving no residue to incrust in ridge areas. Insoluble powders can set up uneven pressure, cause mal-occlusion, the forerunner of dread pendulous tissue.

**2 SOLUBLE**—Because Dr. Wernet's is completely soluble, free of foreign matter, it sets up a soft resilient cushion of almost imperceptible thickness permitting the denture to ride close to the tissues as you designed it to do and does not create any bad

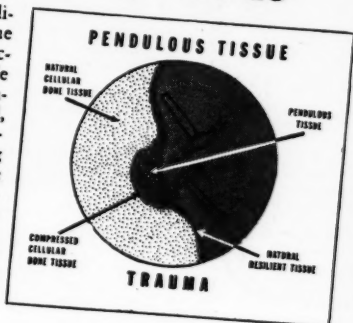
Pleasant  
is a bo  
during a

# for Dentures?"

Yes, Doctor, there is a Right Powder

... and here's what the wrong denture powder can do

This enlarged picture symbolically portrays pendulous tissue which is the result of mal-occlusion. The use of insoluble denture powders may form incrustations and, if not removed, these hard uneven spots can—through mandibular pounding—compress the cellular bone structure. Nature then compensates for this condition by sponging the resilient tissue, at that point, to replace the compressed bone, resulting in a condition of TRAUMA.



USED IN ICE CREAM



Pleasant tasting Dr. Wernet's is a boon to denture wearers during adaptation period.

**3 PURE, NEUTRAL**—Dr. Wernet's Plate Powder is made of the finest material. Its chief ingredient is so pure it is used universally as a binder in the manufacture of ice cream. Thus, Dr. Wernet's is harmless if swallowed and cannot interfere with digestion for it is neither acid nor alkaline.

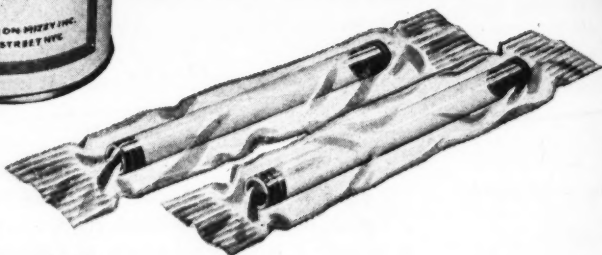
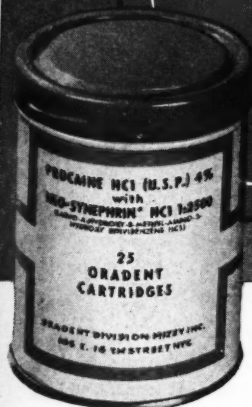
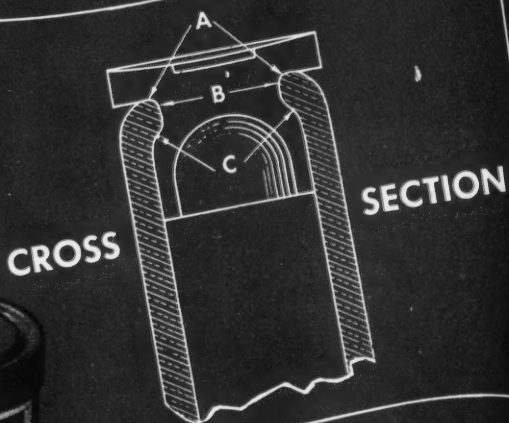
FREE SUPPLY on Request to Wernet Dental Mfg. Co.,

Dept. 14-E, 190 Baldwin Ave., Jersey City 6, N. J.

## Dr. Wernet's Powder

ADAPTS THE PATIENT TO THE DENTURE





All commonly used anesthetics require the use of a vaso-constrictor. Some are more likely to affect cardiac output than others. However, Neo-Synephrin being the least toxic of all commonly used vaso-constrictors, is also least likely to affect cardiac output.

40/0

PROCAINE WITH NEO-SYNEPHRIN 1:5000

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# LEAKPROOF CARTRIDGE!

1. Rubber cap is locked in place!

Rubber cap compression-sealed  
against glass in 3 critical areas!

The most efficient formula in the most efficient *leakproof* cartridge ... exactly what every doctor has been looking for! Unlike anesthetics of similar potency, Oradent 4% Procaine Solution with Neo-Synephrin 1:2500, tends to make a smooth-acting anesthetic involving fewer side reactions. \* \* \*

It allows ample operating time yet does not last so long as to make the patient uncomfortable. Anesthesia is profound, yet the doctor cannot fail to notice improvement in patient behavior — the lack of nervousness, tremor, perspiration, fainting. It's smooth-acting . . . easy on the patient. \* \* \* \*

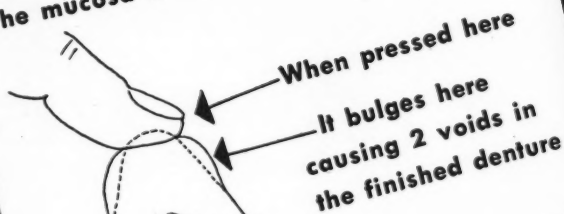
# Oradent

0500 DIVISION OF M177V INC. NEW YORK CITY



*Remember -*

The mucosa is almost non-compressible



When pressed here  
It bulges here  
causing 2 voids in  
the finished denture

Impressions must be taken without pressure  
on any area to produce dentures  
with maintained stability.

*Borite*

**IMPRESSION CEMENT**

is a pleasant, resinous cement which (unlike plaster or oil-pastes) sets harder than compound by action of moisture in the tissue. It produces an exact, detailed negative of the mucosa in passive, normal state—and thus, a denture in uniform contact with tissue.

It has many advantages: Highly accurate, no separation media necessary, setting time under positive control, may be used as temporary rebase for weeks. Rounded, full functioning peripheries may be added by using our new Synthetic Impression Wax.

*Synthetic*

**IMPRESSION WAX**

a new Bosworth product, is hard at 70° F., rigid at 85°, has 98% plus flow at 98.6°. It adheres well to dry surfaces and may be applied easily with fingers by flaming.

Thru your dealer.

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# MOY HOLDING POWDER

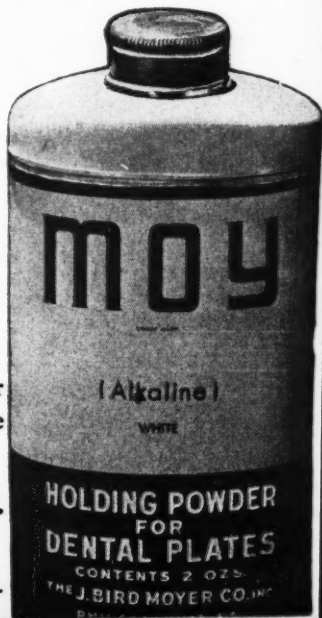
- ★ *Perfect for new denture patients*
- ★ *Forms soft cushion between plate and tissues*
- ★ *Holds teeth tightly in place—instant suction*
- ★ *Promotes proper mastication faster*
- ★ *Creates confidence—and satisfied patients*
- ★ *Helps prevent gagging and nausea*
- ★ *Won't show through translucent dentures*
- ★ *Pure white and alkaline*
- ★ *Pleasant tasting*
- ★ *Keeps breath sweet.*

Recommend MOY to all your denture patients during the break-in period.

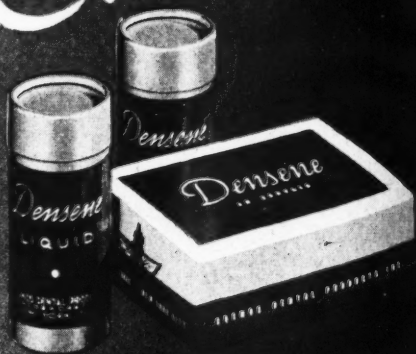
**THE J. BIRD MOYER CO., INC.**

1210-14 Vine Street  
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Manufacturers of Fine Dental Products.



Commendable



COSMOS DENTAL PRODUCTS



*...blatantly deceptive...*



The name "Densene"  
trademarks the finest of all  
denture materials.

Its superior properties are  
not its only recommendation.

The color-tone and texture of Densene  
so precisely duplicates

the appearance of living tissue  
that Densene has frequently been

described as being

"Commendably  
deceptive...."

100%



HIGH BLOOD

Concentration of Sulfadiazine

CONCENTRATION (70 mg %)



60

50

40

30

20



MINIMAL BLOOD

Concentration of Sulfadiazine

10



# Now More Effective **Oral Chemotherapy** *without Systemic Toxicity*

White's Sulfathiazole Gum provides a high and very prolonged salivary concentration of *locally active* sulfathiazole throughout the whole oral area—with almost negligible elevation of the blood level.

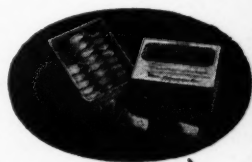
One tablet, chewed for one-half to one hour, promptly initiates a high salivary concentration of dissolved sulfathiazole—and *maintains* throughout a full hour's chewing period, an average concentration of 70 mg. per cent.

Yet even with *maximal* dosage, and even in children, resultant blood levels are not even quantitatively measurable

for the most part and at no time exceed 1 mg. per cent. Freedom from the likelihood of systemic toxicity is obvious.

Valuable in the prevention and treatment of bacterial infections secondary to oral surgery and, according to recent evidence, in the treatment of Vincent's Angina.

White's Sulfathiazole Gum is supplied in packages of 24 sanitaped tablets, in slip-sleeve prescription boxes—on prescription only. Ethically promoted. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, New Jersey.



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FOR nearly two decades, Williams "6" All-Purpose Casting Gold has been specified by an ever increasing number of discriminating dentists...

Combining ideal physical properties—not too hard for dental tissues, yet exceptionally strong, light weight and resilient—this truly all-purpose gold meets the most exacting requirements for inlays, fixed bridge-work and partial denture restorations. Standardize on Williams "6"—specify it to your dealer and laboratory.

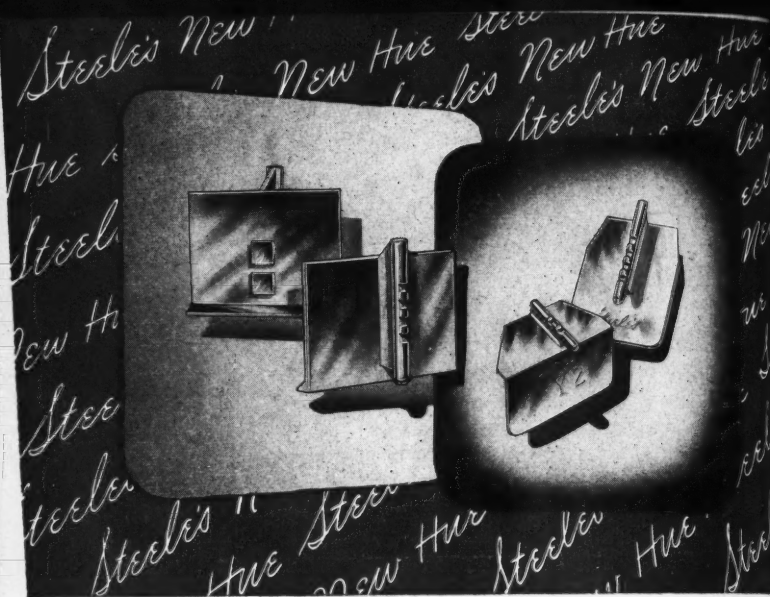
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STEELE'S BACKINGS are manufactured according to the same precise standards as STEELE'S FACINGS. Each STEELE'S BACKING is checked many times with a companion STEELE'S FACING to insure full interchangeability and immediate adaptation. With STEELE'S BACKINGS there can be no binding -- no fulcrum spots.

STEELE'S GOLD BACKINGS melt at approximately 1750F and are suitable for soldered work. STEELE'S HIGH HEAT BACKINGS are composed of non-oxidizing precious metals, fuse between 2200 and 2335F and require no preparation in soldered or cast work.

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STEELE'S NEW HUE FACINGS  
WE RECOMMEND

Do not grind the incisal shoulder of the facing or backing. Use STEELE'S NEW HUE BACKINGS. Solder or cast to these backings. They are precious metal and fuse at 2300 F. Follow the technique prescribed for cementation. Carefully adjust and balance the bite.

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for all anterior restorations

**COLUMBUS DENTAL MANUFACTURING CO.**  
**COLUMBUS 6, OHIO**



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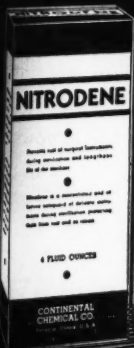
Founded in 1911 by Martin Dewey, D.D.S., M.D.

(Authorized by The Board of Regents of  
the University of the State of New York.)

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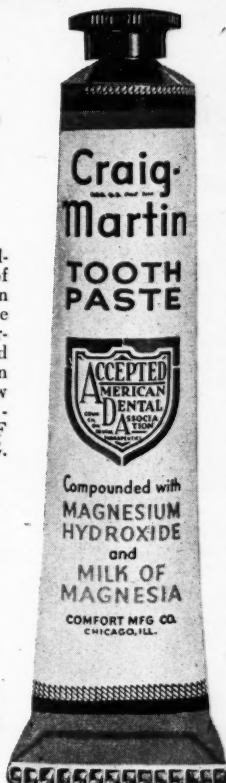
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ACTUAL LARGE  
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Comfort Mfg. Co. O.H.4  
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Send Samples of Craig-Martin Tooth Paste to:—  
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Dr. ....

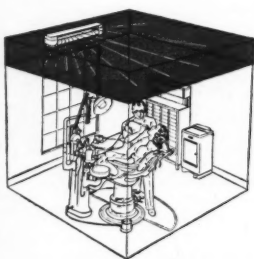
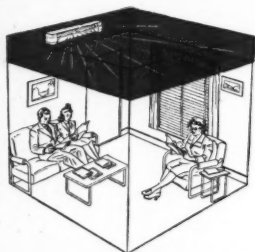
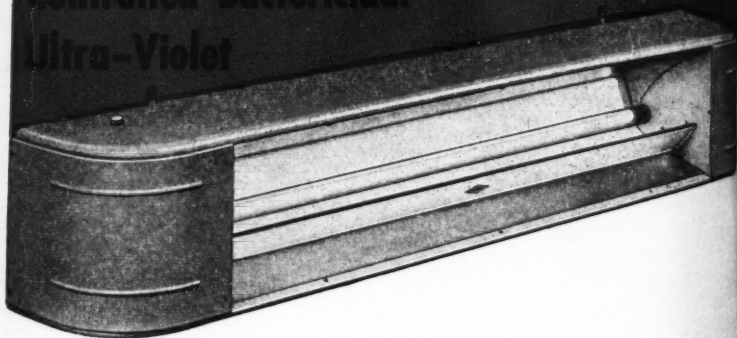
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## Controlled Bactericidal Ultra-Violet



THE Castle U-V was designed to provide your office with the protection that ultra-violet radiation offers . . . to afford an increased measure of protection against air-borne infections . . . for you and your patients.

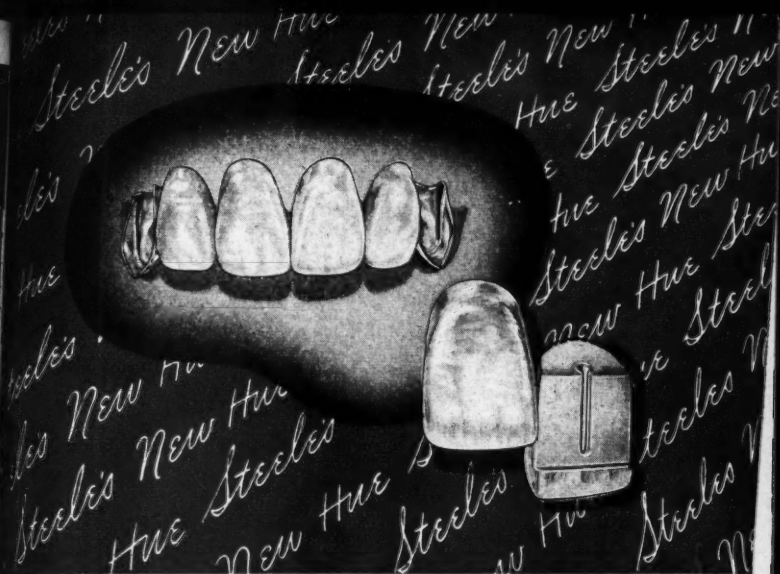
The New Castle U-V provides a lethal curtain of ultra-violet radiation above your head, where the powerful short wavelength ultra-violet rays cannot harm eyes or skin, but where they will be sufficiently concentrated to kill many of the bacteria that will be borne upward by the convection currents of air.

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increased  
ne infec-  
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## WHEN THE CHALLENGE IS KEENEST...USE STEELE'S NEW HUE FACINGS

STEELE'S NEW HUE FACINGS have a practical, translucent porcelain incisal. They have incorporated in their labial surface facets that reflect natural highlights. STEELE'S NEW HUE FACINGS match adjacent natural teeth with amazing fidelity.

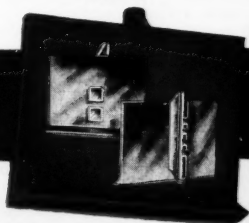
No Steele's product has ever been recommended to the dental profession until its superiority had been established in thousands of practical cases.

### ONLY STEELE'S NEW HUE FACINGS HAVE ALL THESE FEATURES

- Practical porcelain incisal.
- Moulds designed for bridgework.
- Opacity at incisal eliminated.
- Narrow interdental spaces.
- Mild gingival collar.
- Natural highlights.
- Harmony with adjacent teeth.
- Interchangeable with Steele's New Hue Backings.
- New Hue Shades.
- Ample Strength when used with Steele's New Hue Backings and in conformity with prescribed technique.

For best results . . . always use  
*Steele's* NEW HUE BACKINGS

COLUMBUS DENTAL MANUFACTURING CO.  
COLUMBUS 6, OHIO





FOR MODERN MATERIALS  
CALL ON

**Caulk**

MILFORD, DELAWARE

Synthetic Porcelain's simplified system of direct-color-matching is of utmost importance to you. Here is how it works:

The 6 natural powders of Synthetic Porcelain duplicate, without blending, the six dominant shades found in natural teeth. This means, that for nearly every restoration, one of the 6 NATURALS will *match tooth color*.

For direct matching without blending, order the 6 NATURALS: 20—21—22—23—24 and 25.

**SYNTHETIC PORCELAIN**



FLOW FREELY AND EVENLY

Research 585 FINE Research

BUILD UP READILY

Research 585 FINE Research

FORM SECURE UNION

Research 585 FINE Research

ARE SMOOTH AND NON-POROUS

Research 585 FINE Research

# "Research" GOLD SOLDERS

You will find "Research" Gold Solders *practical*—designed to give a firm, lasting union in the finest restorations and available in melting ranges to suit every requirement. Our valued "thin" strip is available in popular grades. We shall be glad to send complete information and a physical properties chart of all "Research" golds.

PRECIOUS METALS RESEARCH WORKS, INC.  
230 WEST 41ST ST.,  
NEW YORK 18, N.Y.



# Here's Value Plus with E-ZE Blended Acrylic



With the shortage of manpower you will naturally be interested in a denture base material that is a time-saver as well as a money-maker.

E-ZE, the perfect balanced blended denture base material, is *quickly* mixed into a soft doughy mass and can be used *immediately*.

E-ZE flows around teeth and bars, saddles instantly and allows flask to close quickly with minimum pressure.

E-ZE is more stable than straight

acrylics and has far less expansion and contraction.

E-ZE, a proven product guaranteed by a reputable dental manufacturer, is praised by its many users for its added qualities and is doubly appreciated for its low cost.

Can you imagine this high quality material which is guaranteed to possess only the highest grade raw materials obtainable at as low a cost as 60 cents per unit in one pound lots, and 56 cents in ten pound lots?

*Order today through your dealer.*

**ITECO**  
**DENTAL MANUFACTURING COMPANY**  
PORTLAND 11, OREGON

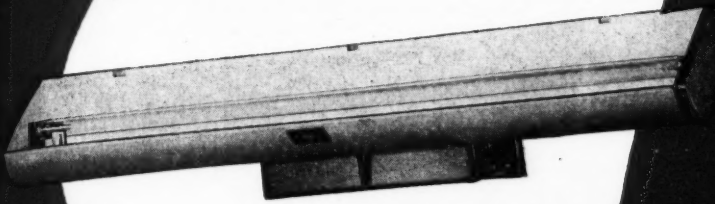
*Estab. 1924*

# FIGHT

*Air-borne bacteria  
with...*

## BURTON'S U-VILAIRE

EMPLOYING 2537A Ultra-Violet FOR THE REDUCTION OF  
AIR-BORNE BACTERIA AND CROSS INFECTIONS IN YOUR OFFICE



The correct application of the 2537A germicidal ultra-violet—as demonstrated in BURTON'S U-VILAIRE—has proven to be the scientifically effective way to reduce the spread of air-borne pathogenic bacteria.

In dental and medical offices, in hospitals, operating rooms, clinics, nurseries and other indoor gathering places . . . the BURTON U-VILAIRE . . . with its many exclusive features (patent applied for) . . . is aiding materially in the fight for health.

This protective germicidal ray is now available to you and your patients.

THE BURTON U-VILAIRE IS NOW AVAILABLE THROUGH YOUR REGULAR DEALER. HAVE HIM PROVIDE OR SECURE FREE CLINICAL DETAILS FOR YOU!

# BURTON

MANUFACTURING CO.  
BURTON BUILDING  
3855 N. LINCOLN AVE., CHICAGO 13, ILL.

(ACTUAL SIZE)

Each week **BROKEN APPOINTMENTS** cost average

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	19
20	21	22	23	24	25	26
27	28	29	30			

**dentist**  
**ONE HOUR**



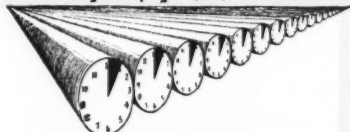
70,000 dentists in the U.S. lose 70,000 HOURS per week.

50  
for  
\$1.00



200  
for  
\$3.00

In 50 working weeks per year 3,500,000 HOURS are lost



3,500,000 HOURS = Production time of  
2333 ADDITIONAL DENTISTS

## AVAILABLE NOW FOR STATEMENT ENCLOSURE

This two color "Broken Appointment" chart has been reprinted because dentists have asked for it. It is ideal for statement enclosure and will help make your patients conscious of the need for keeping appointments promptly. The coupon is for your convenience.

The Dental Digest, 1005 Liberty Ave., Pittsburgh 22, Pa.

Here is \$..... covering ..... copies of the "Broken Appointment" chart.

Dr. ....

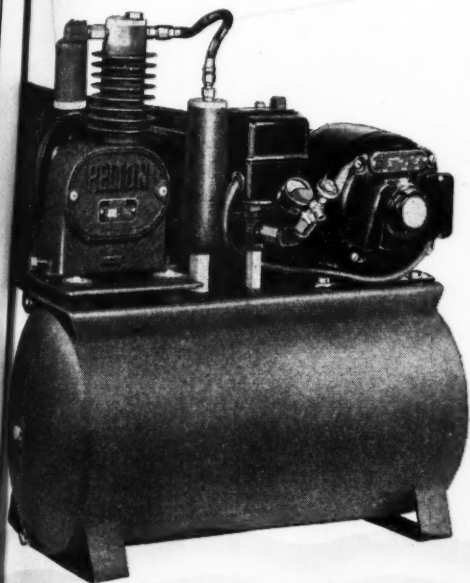
Address .....

City .....

# Compressed Air

**FOR THE UNIT OR LABORATORY**

**UNIFORM PRESSURE  
... TWICE FILTERED  
SILENT — AUTOMATIC**

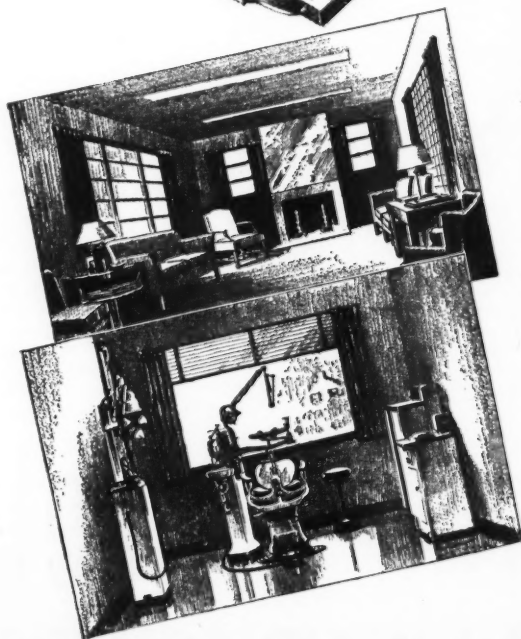
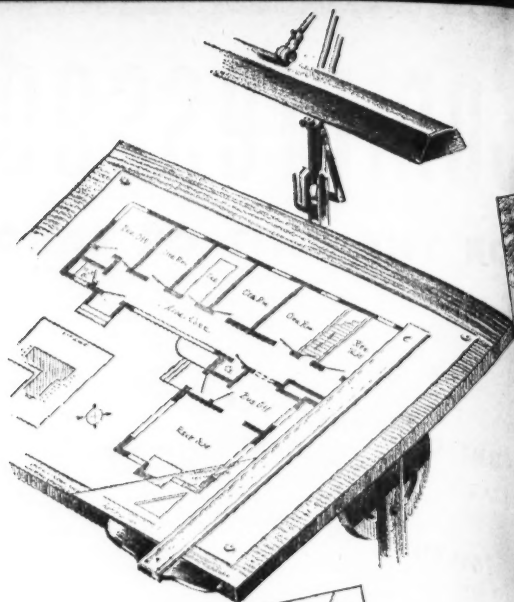


Fully equipped with 8-gal. storage tank, intake and oil filters, all-brass, non-corrosive pump head, with famous Pelton ball-and-spring valves, automatic pressure controller with motor protection relay, driving belt shield and pressure gauge on outlet valve. At your dealer's—Eastern zone, \$93.00; Western zone, \$99.00.

**PELTON & CRANE COMPANY**  
Detroit 2, Michigan  
ESTABLISHED 1900

# Pelton

**Model H AIR COMPRESSOR**



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## PATTERN FOR PROGRESS

When you enrolled as a dental student you were *planning your future*. When you moved into your present office, invested in your present equipment, you were *planning your future*. Today is the finest time in your life to *plan* a brighter new future. Look forward to your postwar practice—with another operating room, in new, more inviting quarters, possibly in a new bungalow office. Your Ritter dealer can engage for you the facilities of the Ritter Office Planning Department, and *plan now* an office that can be made ready for you without delay. *Ritter Company, Inc., Ritter Park, Rochester, N. Y.*



ROCHESTER, N. Y.

# ADAPTABILITY





# TY TO ENVIRONMENT...

*An Achievement in Esthetics*



**T**HE REPRODUCTION in Trubyte New Hue Teeth of the color characteristics and blendings found in natural teeth is the result of years of research. In one phase of this research alone, 10,000 natural teeth were examined in the mouth by the unerringly accurate spectrophotometer illustrated above.

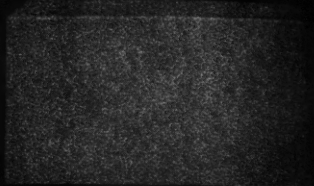
Like natural teeth, Trubyte New Hue Teeth adapt themselves to mouth and gum tissues, various complexions and changing light.

**TRUBYTE** *New Hue* **TEETH**

*Beautifully*  
**NATURAL**

# HERE WE HAVE THE TEST

Notice the Bleaching on  
8 hour exposure to sun-  
light.



This JUSTI-TONE T-3  
specimen has NOT  
changed color on 240  
hours' exposure.



*Justi-Tone*  
CERTIFIED TO  
MEET A.D.A.  
SPECIFICATIONS

ALL ARE . . .

*Dependable*

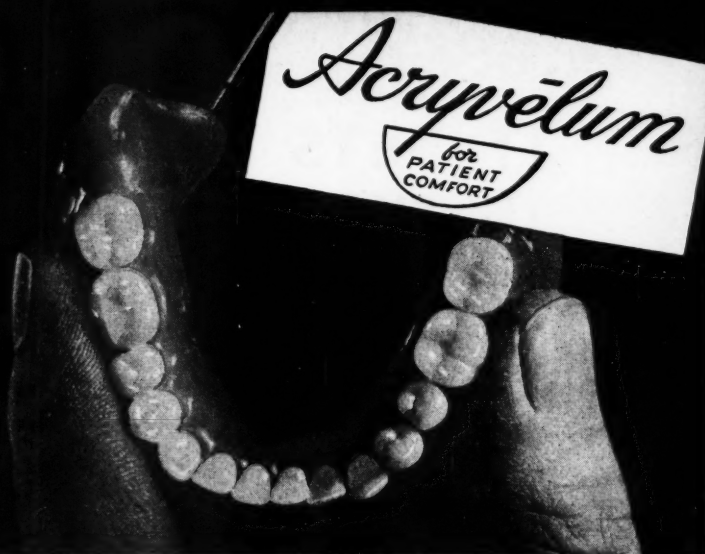
STANDARD  
LIGHT  
CLEAR  
and  
T-3

NO BLEACHING  
NO COLOR CHANGE  
PURE METHACRYLATE

\* The above test was conducted for a leading University by Justi Research.

*Products with a Single Po*

EST



*comfortable*

IT'S SOFT



the denture that JUSTI built

- ☒ DENTA PEARL TEETH . . . . . No Shock
- ☒ JUSTI-TONE T-3 . . . . . No Bleach
- ☒ ACRYVELUM . . . . . No Soreness
- ☒ FILM-AC DIE-MAC Technique . . . . . No Foil
- ☐ JUSTI-SERVICE:—Literature on above subjects available.

*gl Purpose - Better Dentistry*

# IT SETS HARD IN THE MOUTH

**F** AITHFUL recording of muscle movement and all other oral details is only part of the outstanding service offered you by Kerr Impression Paste. For your impression in this unique material hardens thoroughly *in the mouth*. No distortion or destruction of detail in process of removal. You can even re-insert for testing.

Our folder "For Quicker, Easier Impressions" gives a condensed, illustrated Kerr Impression Paste Technic. Ask for it!

KERR DENTAL MFG. CO., Detroit 8, Michigan  
Established 1891



# KERR

REG. U. S. PAT. OFF.

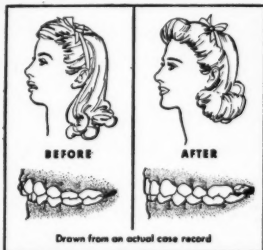
## *Impression Paste*

# Facts you'll be glad to have your patients know

**it's the truth!**

**PEPSODENT MAKES TEETH FAR BRIGHTER**

**Teeth Can change your Personality!**



Crooked, crowded teeth often do more than mar a person's looks. Frequently, they make that person shy and self-conscious; give an inferiority complex. But this *can* be corrected. Modern dentistry can do wonders in straightening crooked, misplaced teeth. Or, like movie stars, you can have chipped and broken teeth recapped. Your dentist will tell you what needs to be done, and how quickly you can expect results.

Yes, it's the truth... your dentist can help you have sound, good-looking teeth, but it's up to you to keep them clean and bright through careful daily brushing!

UNDER wartime pressure you must have patients' fullest cooperation. This fact we're pointing out frequently over Pepsodent's Bob Hope program—asking patients to be considerate of your time. And we're constantly urging... "See your dentist twice a year"... to bring patients in before real trouble develops.

Now, we have another idea we believe you will like. It is currently appearing in all our publication advertising. Simply, it is this: A straightforward, clear discussion of the personal advantages of dental work. An example is reproduced here.

This campaign is appearing regularly in leading magazines and newspapers and is another example of the way Pepsodent is continuing to serve the profession and the public.

## THE PEPSODENT COMPANY

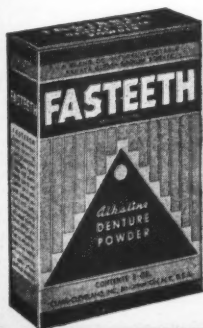
Chicago 4, Illinois

# A Sinus Has Protective Drainage



*but*

If the natural sinus cavities of the head ever fail to drain normally, these moist "sealed-in" spaces rapidly foster uninhibited bacterial propagation — and inflammation and infection ensue.



THE

*Alkaline*

DENTURE POWDER THAT CONFORMS TO

If you need samples for trial in your own practice, use the convenient coupon (attached to your letterhead or professional card) for an immediate supply!

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MILD PROTECTIVE BACTERIOSTASIS

IS IMPERATIVE IN THE



*"Denture Sinus," too*

When the dentist has fitted a denture perfectly, he unwittingly creates a moist "sealed-in" space between denture and palate—in effect, a non-draining "denture sinus". Even though dentures be removed daily for cleaning, the use of Fasteeth offers sound insurance against the danger of odorous acid-irritation resulting from bacterial growth.

Fasteeth is specially alkaline and mildly antiseptic—laboratory controlled and clinic tested. It soothes irritation from displacement caused by clumsy manipulation of the denture during talking or chewing. By providing a cohesive "cushion" fit and aiding the peripheral seal (despite tissue resorption), it is persistently retentive.

Patients prefer Fasteeth's pleasant taste.

# FASTEETH

FORMS T

SCIENTIFIC PRINCIPLES...

CLARK-CLEVELAND

your own  
oupons (a  
profession

inghamton, N. Y.

please send me gratis trial  
samples of Fasteeth, the alka-  
line denture powder, and  
descriptive literature.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_



# How irritation varies— from different cigarettes

*Tests made on rabbits' eyes reveal the influence of hygroscopic agents*

- 1 **Edema 0.8** Cigarettes made by the PHILIP MORRIS method
- 2 **Edema 2.1** Cigarettes made with no  
hygroscopic agent
- 3 **Edema 2.7** Popular cigarette #1  
—made by the ordinary method
- 4 **Edema 2.6** Popular cigarette #2  
—made by the ordinary method
- 5 **Edema 2.7** Popular cigarette #3  
—made by the ordinary method
- 6 **Edema 2.7** Popular cigarette #4  
—made by the ordinary method

**CONCLUSION:**\* Results show that regardless of blend of tobacco, flavoring materials, or method of manufacture, the irritation produced by all ordinary cigarettes is substantially the same, and measurably greater than that caused by PHILIP MORRIS.

**CLINICAL CONFIRMATION:**\*\* When smokers changed to PHILIP MORRIS, every case of irritation of the nose and throat due to smoking cleared completely or definitely improved.

***these people are not on  
their way to the dentist***



Wartime demands on time, and a reduction of dental services have doubtless kept many people from accustomed dental appointments. Many of these people need now, and in the future will need even more, the services of skilled dentistry.

Owners of the Model CDX dental x-ray unit will be ready for these postwar patients. The CDX *completes* the diagnosis and assures both patient and dentist that no potential danger areas have been missed.

The clean, clear radiographs obtained by the CDX have set new high standards of dental radiography; and by making accurate diagnosis a commonplace, the CDX will help you further your plans for post-war improvement in dental health.



*Today's Best Buy - U.S. War Bonds*

**GENERAL  ELECTRIC  
X-RAY CORPORATION**

2012 JACKSON BLVD.

CHICAGO (12), ILL., U. S. A.



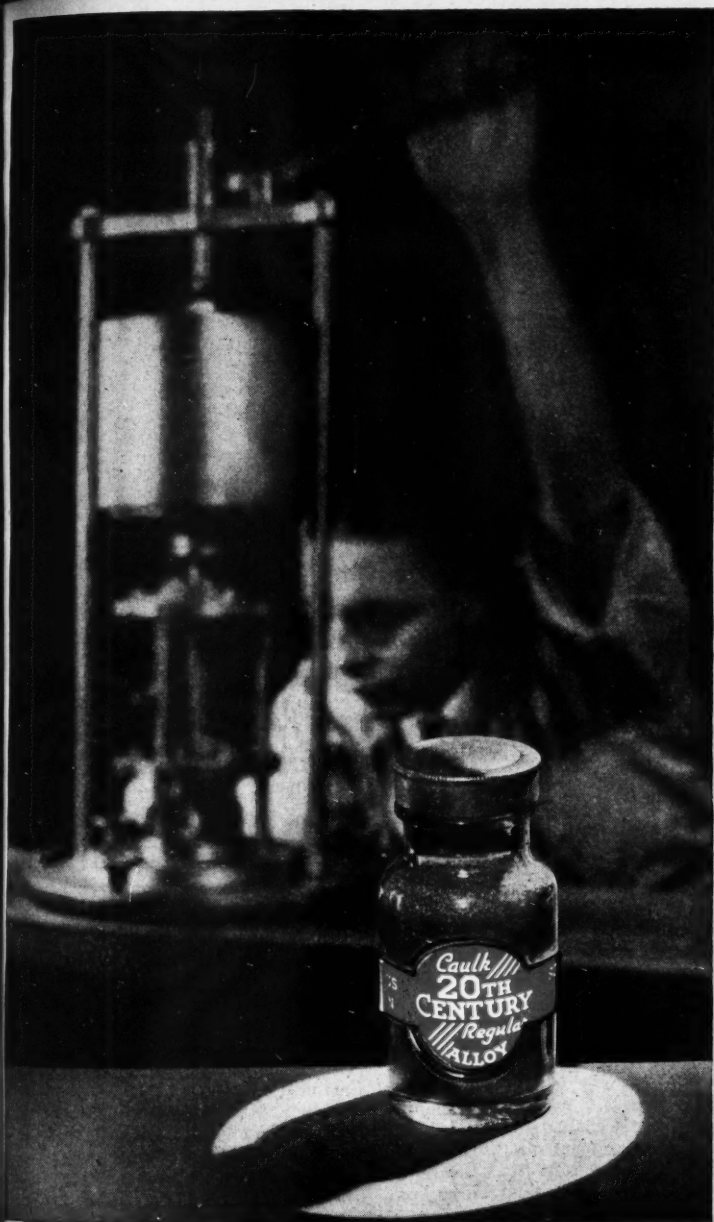
## VIGIL!

The production of 20th Century Alloy is a story of care, pride and skill. From the selected raw materials to the created product, every step in its manufacture is governed by rigid controls and exacting tests.

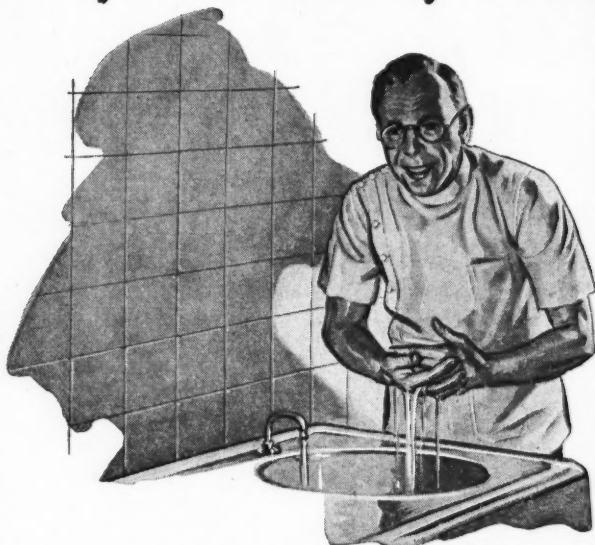
The result is an amalgam—pure, smooth-working and absolutely uniform.

*Caulk*

20<sup>th</sup> Century Alloy



# Doctor . . . are you a family man?



## *The skin aid scores of dentists use can help your family, too!*

**L**IKE a lot of other married men, do you often forget to "pass on" something good to your family? For instance, perhaps like scores of other dentists, you've discovered the Medicated Skin Cream, Noxzema, and how it soothes and helps heal your hands when they're rough, red and irritated from constant washing.

But have you stopped to think how many ways Noxzema can bring relief *right in your home*? Mothers say it's a wonderful, soothing aid to babies' "diaper rash" and chafed skin. And thousands of women use Noxzema to relieve and help heal chapped hands and lips, minor burns, ex-

ternally-caused skin blemishes, windburn—and many other such skin irritations.

Have your family try Noxzema. Use it yourself in your office. It's greaseless, vanishes almost at once, so it won't interfere with work. And try Noxzema Specially Prepared for Shaving! See what a remarkably smooth, easy shave it gives you!

For your information regular Noxzema is a modernization of Carron Oil fortified by adding Camphor, Menthol, Oil of Cloves and less than ½% of Phenol in a greaseless, solidified emulsion. Its reaction is slightly alkaline, the pH value being 7.4. Try it!

FOR

Sodi

Chlo

Pepp

\*Stat

# PERIDONTOCLASIA

## VINCENT'S INFECTION

### GINGIVITIS

Clinical tests prove By-Ro to be exceptionally efficacious for the palliative treatment of the symptoms of these dread diseases.

By-Ro is indicated for use in the chair and by the patient at home during intervals between treatments. Also prescribed by many dentists in cases involving receding gums where patient is sensitive to hot or cold contacts.

**FREE:** Mail coupon for generous professional bottle and clinical proof.

#### FORMULA:

Sodium Hypochlorite*	1.25%
Chlorthymol	.05%
Peppermint Oil	.05%

\*Stabilized

ORAN PRODUCTS, 501 West 139th St.,  
New York 31, N. Y.

Please send me free professional bottle of  
By-Ro and clinical data.

NAME .....

ADDRESS .....

CITY ..... STATE .....

# Selecting teeth



You  
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# etly family traits ...

You have undoubtedly observed corresponding tooth traits among patients in the same family. Research has shown conclusively that the "family similarity" of teeth persists through generations and is governed by the "Laws of Heredity".

The selection of teeth by family traits is, therefore, as basically correct as the laws of heredity.

Obviously, it is very definitely advisable to examine the dentition of a near blood-relative for guidance in the selection and alignment of teeth for the edentulous patient.

Inherited anatomical forms and color of the teeth will be

disclosed by such examination. Frequently, this procedure affords a valuable clue to tooth arrangement.

Five-Phase Anteriors were developed through *scientific* study of human teeth. They are carved to the *true anatomy* and have the character of human teeth. Five-Phase Anteriors therefore provide the only means by which the *natural characteristics* of the patients' teeth may be reproduced in artificial dentures.



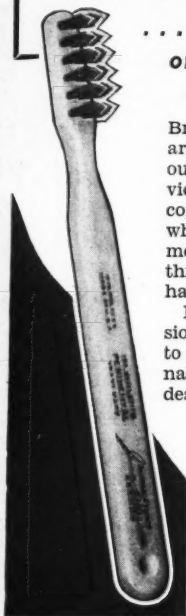
## FIVE-PHASE

A N T E R I O R S

MADE IN  
**Veri-  
chrome**  
COLORS

# Prescribe DR. BUTLER

... the original  
of this type  
of brush



Brush manufacturers are solicited by various firms and individuals to "Give us a copy of the Butler" which shows the immense popularity that this particular brush has attained.

Most of the Profession, however, prefer to prescribe the original of this type and design of brush — therefore always specify the Butler on their prescriptions.

**Make  
Your Own  
Comparison!**

Send coupon with 40c in coin or stamps for two brushes. Then compare with any other brushes on the market. See for yourself why the DR. BUTLER has attained such popularity.

## SEND COUPON

JOHN O. BUTLER CO. OH 5-44  
7600 Cottage Grove Avenue, Chicago, Ill.

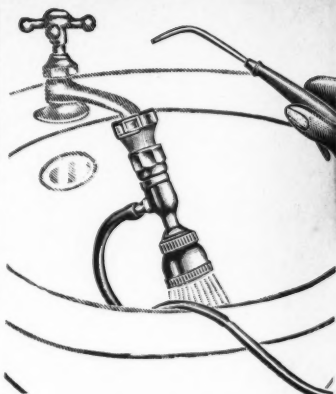
I enclose 40c for two brushes. Send me:

- SYNTHETIC (Do not send checks)  
☐ Medium Bleached (Stamps or coin only)  
☐ Hard Bleached  
☐ Extra Hard Bleached

Dr. ....

Address ....

City and State ....



## The HU-FRIEDY ASPIRATOR

This Aspirator operates by water pressure obtained from the faucet of the wash bowl. It has proven highly efficient and is recognized more advantageous than mechanically operated aspirators.

Can be attached to any shaped faucet whether round, oval or irregular. There are no wearing parts. Therefore it will function indefinitely. All parts are heavily nickel plated. It has a reversible flow which provides a means for quick and easy cleaning.

The complete outfit consists of Aspirator, 8 to 10 feet of pure gum tubing specially designed for this Aspirator and also the Coupland Suction Handle with 4 sizes of detachable tips. These tips are accepted as standard equipment and approved and used by the U. S. Government.

Complete with 8 to 10 feet of noncollapsible pure gum rubber tubing, price —\$16.50.



## THE HU-FRIEDY MFG. CO.

3118 N. Rockwell Street, Chicago, Illinois



to complete the picture...

## VITAMINS

X-ray pictures may frequently show hidden signs of malnutrition as well as root fragments, cysts, impactions. Many dentists are suggesting Benefax Multi-Vitamins to help build resistance to vitamin deficiencies, to help complete the picture in maintaining sound, healthy teeth.

### Why Benefax Multi-Vitamins Merit Your Attention

**POTENCY**—Each Benefax Multi-Vitamin capsule contains 5000 U.S.P. Units of Vitamin A; 1000 U.S.P. Units of Vitamin D; 30 Milligrams of Vitamin C; and the essential B-Complex Vitamins.

**Direction:** One capsule a day after any meal.

**QUALITY**—Benefax Vitamins are assayed biologically, instrumentally and by micro-biological techniques to insure the highest degree of accuracy. **NO HIGHER QUALITY VITAMINS ARE OBTAINABLE.** Priced for all patients. Guaranteed by the makers of ANACIN.

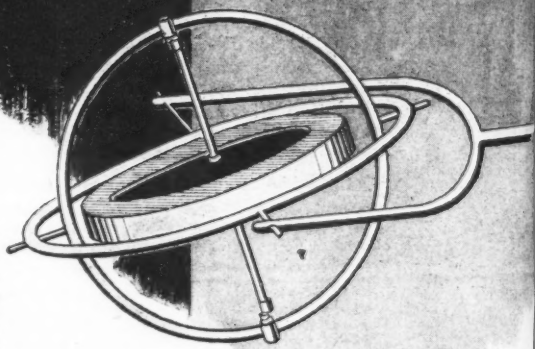
The Anacin Company, Distributors, Jersey City 2, N. J., U. S. A.



# BENEFAX X

Multi-Vitamins  
B-Complex Capsules  
A & D Capsules

# An instrument of PRECISION —



an elementary form of the  
GYROSCOPE — an instrument  
made to precision to do a job of pre-  
cision, guiding ships at sea unerringly  
to their destination, through dark-  
ness, daylight, storm and fog.



★ DURALLIUM and your DURALLIUM Qualified Technicians are also instruments of precision you can always rely on. DURALLIUM, in the hands of a skilled DURALLIUM technician, casts to *precision* and finishes into a restoration that will give your patients the utmost in functional efficiency and comfort.

Strong, light, beautiful, ductile, acid-resistant—versatile

DURALLIUM embodies all the qualities essential to a really fine restoration. Ask for DURALLIUM, for precision accuracy on your next case.



# Duralium

THE OUTSTANDING CHROME COBALT ALLOY IN DENTISTRY

CHICAGO • NEW YORK

# Crescent SILVERLOY

★ WHITE & LUSTROUS  
★ PERFECT in FORM



MEETS A.D.A.  
SPECIFICATIONS

★ UNIFORM  
in QUALITY



MEETS FEDERAL  
SPECIFICATIONS

**CRESCENT DENTAL MFG. CO.**  
1839 S. Crawford Ave., CHICAGO

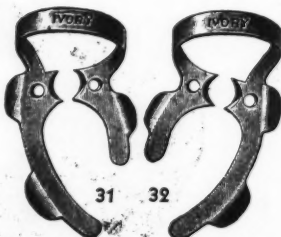
**BE SURE YOU PICK THE RIGHT**

## COTTON ROLL CLAMPS



40

Clamp No. 40 is used universally on all molar teeth, has a wide range of usefulness, especially in operations on teeth and roots anterior to tooth clamped, holding cotton rolls, any size, along the buccal and lingual sides of the teeth, and out of the way of the operator.



31 32

Nos. 31 and 32 Right and left for cotton rolls. When working on the anterior teeth holds the rolls or napkins in place so that they cannot be displaced by the lower lip.



Bi C'n Roll



M.C'n Roll  
MOLAR AND  
BICUSPID

Cotton Roll Clamps used universally for either jaw, and are best adapted when using long rolls.

*All Dealers*

**J. W. IVORY, Manufacturer**

210-18 North 16th St.

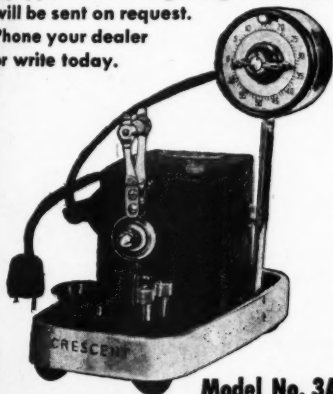
Philadelphia, Pa., U.S.A.

# Crescent



Pat. May 21, 1940

The Wonder Electric Mortar and Pestle is a hit with dentists everywhere! By eliminating much of the human error, it puts amalgam work on a profitable basis. How? It triturates enough amalgam in 7 to 10 seconds for an ordinary size filling. It saves alloy and mercury—as well as time—by avoiding waste. It standardizes technic, makes a smooth, fine textured mix every time, assures better fillings. Every office should be equipped with a Wig-l-bug. Full details will be sent on request. Phone your dealer or write today.



Model No. 3A

Through your dealer or direct

**CRESCENT DENTAL MFG. CO.**  
1839 S Crawford Ave., CHICAGO

When Attachments Are Indicated  
for Removable Restorations

Use **BROWN**

*Precision*

**ATTACHMENTS**

Standard for 24 Years

● Built-in Proximal Contact.  
Also made in Plain Shank Type.

● Ten standardized, interchangeable sizes.

● Strong—Made in one piece, no seams or solder.

● Closed bottom in male section makes insertion and removal of restoration easy for the patient.

● Simple to adjust. Use any sharp instrument.

● Springy, positive retention.



Proximal Contact  
Type

*Descriptive and Technical  
Literature on request.*

**COLUMBIA DENTOFORM CORP.**  
131 East 23rd Street New York 10, N. Y.

*"Patients find it  
works like magic."*

So writes a D.M.D.  
and adds—

*"Its pleasing taste  
is enjoyed by all."*

That's the answer—

Effective and  
pleasant to use.

**ALKALOL**

**THE ALKALOL CO.**  
TAUNTON, MASS.



**THE**  
*Vibrant Beauty*  
**OF NIAGARA FALLS**

The shimmering beauty of cascading waterfalls, the play of light and shadow, these are characteristic of one of nature's *outstanding* examples of scenic charm and beauty.

The beauty of Dr. Myerson True-Blend Teeth also derives from the same natural laws, variety and the same play of light and shadow on a transparent medium.

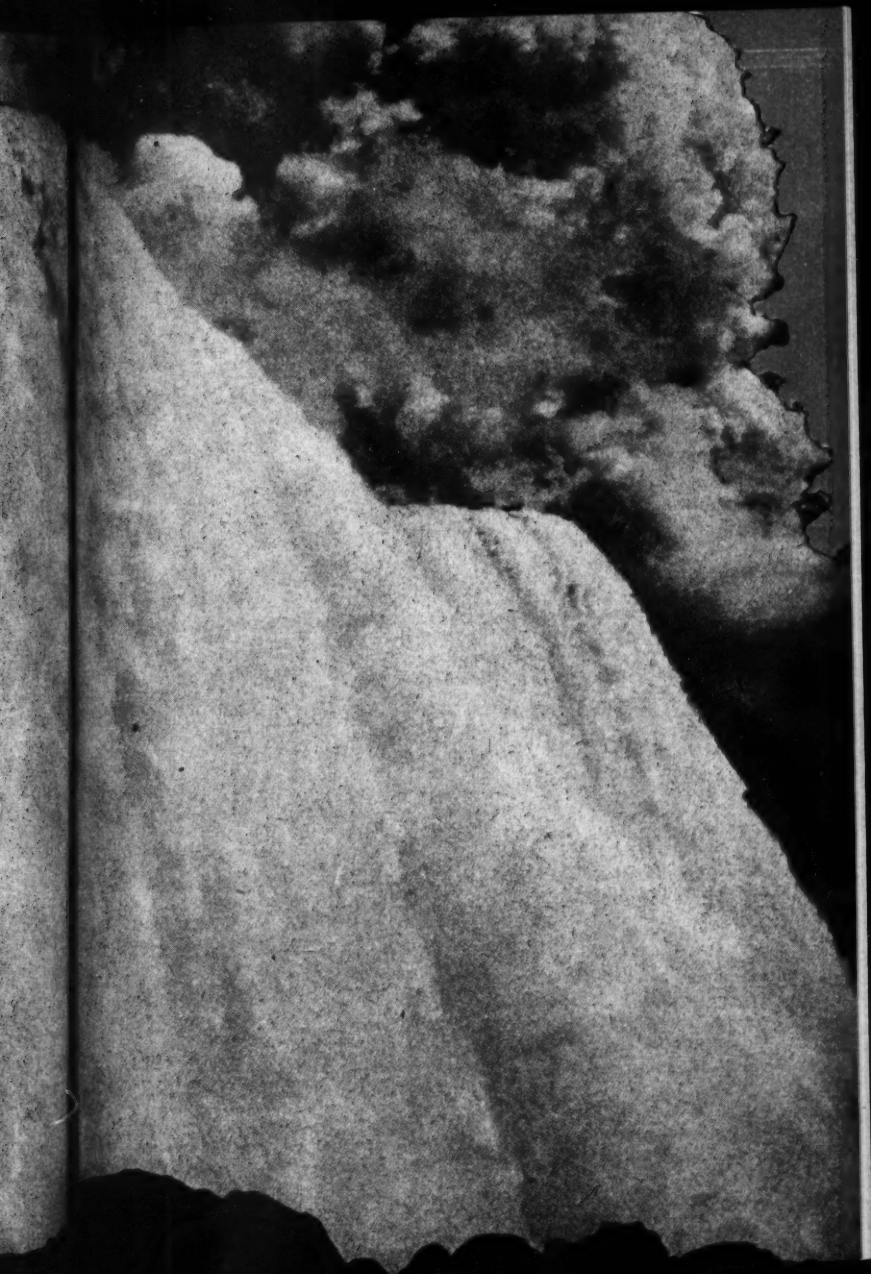
In Dr. Myerson's True-Blend Teeth, the blending, striations, erosions, irregular incisal edges all are hand made—by skilled and careful hands.

Dr. Myerson's Teeth are *stronger*, too . . .

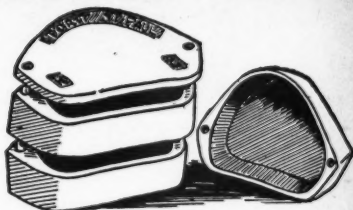
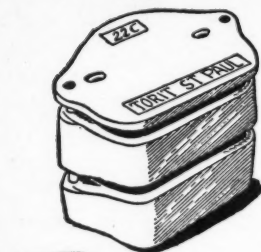
For greater security in processing and use, Dr. Myerson's True-Blend Teeth are always indicated.

*Dr. Myerson's*  
**TRUE-BLEND** *Anteriors*  
*and*  
**TRUE-KUSP** *Posteriors*

IDEAL TOOTH INCORPORATED, CAMBRIDGE, MASS.



# TORIT BRONZE FLASKS



TORIT Bronze Flasks are finished inside to permit easy extraction of material. They are extra heavy and supplied with guide pins that remain firmly in place. In every way TORIT Flasks are built for long life.

TORIT Flasks are now available in limited quantities. For complete information on sizes and prices write:

**TORIT MANUFACTURING CO.**  
279 Walnut St. St. Paul 2, Minn.



**GOLD BANDS FOR TWO-PIECE CROWNS.**

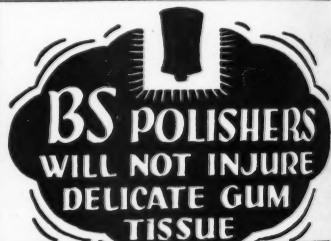
**GOLD CUSPS.**

**GOLD FACINGS FOR DENTURES.**

**ANCHORS FOR CLASPS.**  
14K, 10K, and Gold Cased.

**READY MADE CROWNS.**  
Platinum & Gold.

*Order from your Dealer*



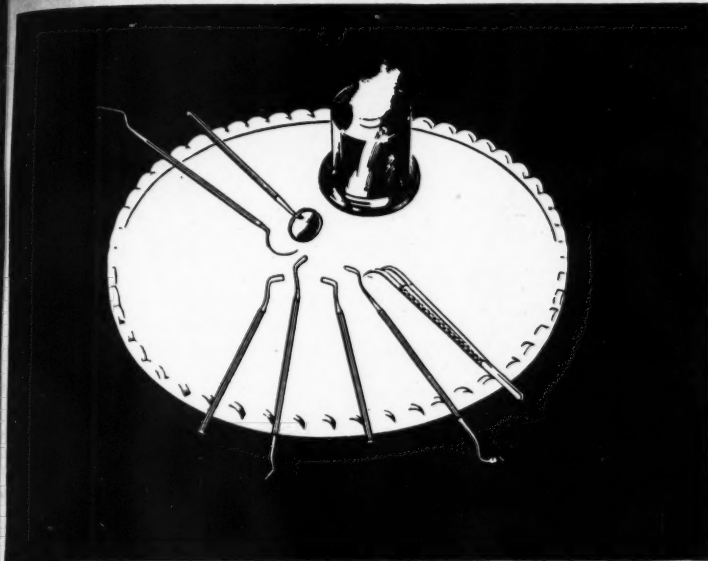
**Young** DENTAL MFG. CO.  
ST. LOUIS, MO.  
ESTABLISHED OVER 40 YEARS AGO

## U. S. FIGHTING EQUIPMENT

X-RAY apparatus today is as much a part of our American fighting equipment as tanks and airplanes. FISCHER dental x-ray apparatus plays its important role on both the fighting front and the home front. And because dependability is a supreme requirement, FISCHER-made x-ray equipment can point to a proud record of service. FISCHER dental x-ray units are quality-built from line cable to focal spot. Write for our large, descriptive folder-booklet on FISCHER Cabinet Dental X-Ray Apparatus—and what users say. No obligation.



**H. G. Fischer & Co.**  
2323-2345 Wabansia Ave.  
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## A circle of old friends... worth keeping!

Dentists, more interested today than ever before in prolonging the usefulness of their instruments, are turning in ever increasing numbers to Metaphen Disinfecting Solution where the cold disinfection of instruments is practicable. For Metaphen Disinfecting Solution does not injure temper or finish, nor pit or dull cutting edges, and thus eliminates the wear and tear of frequent resharping. • This widely used agent requires a minimum of attention and may be relied upon in the absence of much blood and exudate to kill common vegetative pathogenic bacteria (except tubercle bacilli) in about

ten minutes. Instruments removed from the disinfectant are ready for immediate use without rinsing or drying, since Metaphen Disinfecting Solution is nonirritating to the skin and oral tissues, and does not leave a gummy deposit to interfere with the free action of hinged or jointed instruments.

• In addition, when instruments are cleaned before immersion, the solution remains clear and stable, and may be used over an extended period without marked decrease in efficiency. • Why not order a quart or gallon of Metaphen Disinfecting Solution today? ABBOTT LABORATORIES, North Chicago, Illinois.

## Metaphen\* Disinfecting Solution

REG. U. S. PAT. OFF.

\* (4-nitro-anhydro-hydroxy-mercury-orthocresol, Abbott)

ACCEPTED BY THE COUNCIL ON DENTAL THERAPEUTICS OF THE AMERICAN DENTAL ASSOCIATION

# The ORIGINAL No. 1 LINER

PERMANENT  
as the DENTURE  
ITSELF!

## IMPROVED

For Simplicity and  
Predetermined Results with  
**IMMEDIATE and  
OLD DENTURES**

**No Processing**... Ready to use from the tube. No mixing, no heating, no guesswork.

**Color**... for perfect blending with the denture base.

**Simplified Technique**, involving only about 20 minutes chair time.

**Fitting The Denture** is merely a "trial bite" for the patient.

**Not A Casting Material**... The original adaptation is from patient's mouth direct.

**Every Delicate Detail** of tissue formation faithfully recorded.

**Subsequent Corrections** made easy to meet tissue changes.



## Low Cost

\$10. per tube

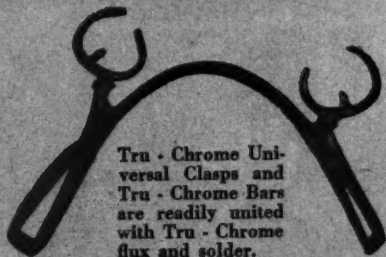
Less than \$1. per Liner.

Order through your Dealer or write direct for details.

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# TRU-CHROME PROSTHETIC SUPPLIES



Tru - Chrome Universal Clasps and Tru - Chrome Bars are readily united with Tru - Chrome flux and solder.

Made from metal specially prepared for prosthetic use, Tru-Chrome supplies offer maximum strength, absolute toleration to tissues and great economy in operating time and cost.

It will pay you to write for our Illustrated Price list . . .

**Rocky Mountain Metal Products Co.**

1450 Galapago St. - - - Box 1887, Denver 1, Colo.



## IMPORTANT . . . You ELIMINATE

*All Doubt When Using Our Products*

Always uniform in color . . . Can duplicate any color . . . Compound-  
ed for Sanguine, Nervous,  
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GUM TINT

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INTRODUCTORY OFFER

1 UNIT PINK AND CLEAR—\$1.00

STAINLESS CLASPS—AND BARS—

GUM TINT BLANKS—PARFAIT BLANKS

**FORTY-FIVE YEARS IN DENTURE FIELD**  
**THE PARISIEN CHEMICAL CO., INC., TOLEDO 3, OHIO**

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BUYING  
WAR BONDS**

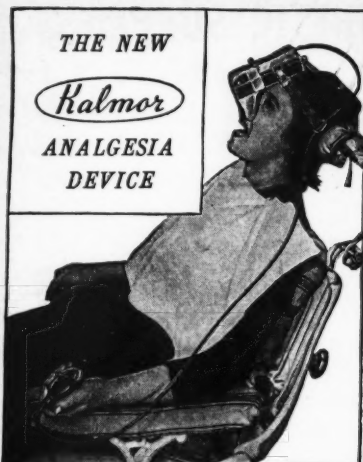
*You Can Save Time With*

## **CO-ORAL-ITE** **Impression Material**

Others do, so why not you. Easy to mix and apply . . . makes a good impression in a hurry. Ask your dental supply dealer . . . for Co-Oral-Ite.

**Co-Oral-Ite Dental Mfg. Co.**  
**SANTA MONICA, CALIF.**





THE NEW  
**Kalmor**  
 ANALGESIA  
 DEVICE

**Now! Analgesia for  
 Every Dental Office**

*The Kalmor "Keeps 'em Calmer"*

1. This amazing analgesia device is completely operated by the patient, self-administered analgesia, using Ethyl Chloride. Relieves pain, eliminates fear. Ideal for all short, painful dental and medical procedures.
2. \*Safe simple technique, effective . . . economical  
 \*No training or "gas" experience required  
 \*Merely place instrument in position and you're ready  
 \*No valves or dosages to adjust  
 \*No danger of overdose—or after effects  
 \*Less than 5c per analgesia
3. Note: When the local anesthetic fails, use the "Kalmor" as an adjunct, or alone. Excellent for pain-relief in gum-line cavity preparations—etc.

**PORTABLE:** Weight about 1 lb.—detachable nose piece—can be sterilized.

**COMPLETE  
 OUTFIT \$42.50**

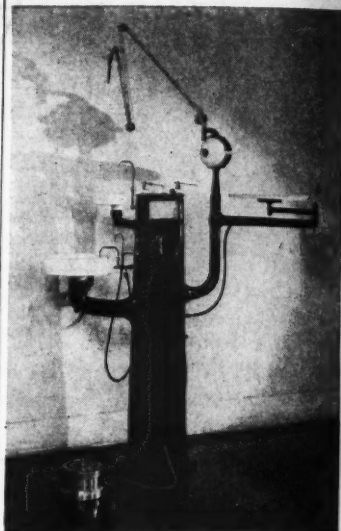
(Includes lined leatherette case, 3 vials of Ethyl Chloride, etc.)



Acclaimed at the New York, Chicago, and other dental meetings. Send for descriptive literature—can be bought through dealer or direct.

**THE KALMOR MFG. CO.**

Box 3830, Cleveland 10, Ohio



**No. 2  
 DENTAL  
 UNIT**

This shows our No. 2 Unit which we are now manufacturing in limited quantities and can be supplied, less engine, at \$200.00. Pre-War construction throughout and supplied in any of the standard dental colors.

Adapter arm for the different engines and light adapter can be supplied for a slightly additional cost.

Write your dealer or write us direct.

**Central Dental Mfg. Co., Inc.**

Box 686

**Louisville, Kentucky**



# NOW YOU CAN GIVE YOUR PATIENTS DIRECT ACRYLIC FILLINGS

... just what dentists have been waiting for. PLASTO-FILLING is a real improvement in filling technique. Recommended for gingival, proximal and cervical fillings. Now, successfully used by the profession from coast-to-coast.

## 8 POINTS TO REMEMBER

### ABOUT PLASTO-FILLING

- Especially prepared for direct fillings
- Will not wash out
- Unrivalled life-like beauty
- Not affected by mouth fluids
- Will not affect pulp
- Premixed shades

## Outstanding Trial Offer

1 bottle of powder (full size) any shade  
1 bottle of Monomer (half size)  
1 bottle of Plasto-Lac (half size) **\$4.50**

Used trial kit returnable  
for full credit of \$4.50 toward  
purchase of Senior  
Kit.

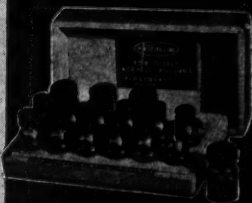
## PLASTODENT, Inc.

A Pioneer in the Industry  
264 West 40th Street  
New York 18, N. Y.

MANUFACTURERS OF  
Plastolain, Plastodent, Plastofilm

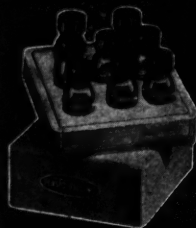


Formulas by Arthur Fink, B.S., Ch.E.



### SENIOR KIT \$32.50

12 bottles Plasto-Filling Powder  
to match New Hue shades •  
2 bottles of Special Monomer  
• 2 bottles of Plasto-Lac •  
1 dropper.



### JUNIOR KIT \$17.50

6 bottles Plasto-Filling Powder  
(assorted New Hue shades as  
desired) • 1 bottle Special  
Monomer • 1 bottle Plasto-Lac  
• 1 dropper.

PLASTODENT, Inc., 264 W. 40th St., N. Y. 18

Please send me:

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APPROVED AND ACCEPTED BY  
THE INDUSTRY'S LEADERS

LUCITONE



No. 4 of a series

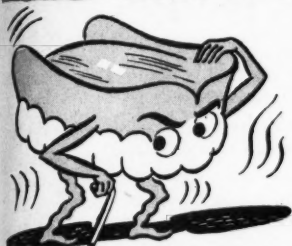
**All approve POLIDENT for safe brush-  
less cleansing of acrylic resin restorations**

To safely prevent mucin-film, stains, tarnish from deadening the beautiful *lively* color of Lucitone and other acrylic restorations, makers of these products approve daily use of Polident. Take their expert and considered advice. Your patients will delight in the easy way Polident cleans and polishes plates like new—*without brushing*—harmlessly dissolves away discoloration and odors. FOR SAMPLES write:

Hudson Products, Inc., Dept. 14-E, 8 High Street, Jersey City 6, N. J.

\* After being subjected to long-time tests, Polident won positive approval by this and other leading makers of denture materials as one of the denture cleansers that is most effective and safe.

# DENTURE DIALOGUES



"LOOK, DOCTOR, BRUSHING AND SCOURING HAS WORN ME TO WITHIN A MICRON OF MY LIFE"

"EXTRA HANDLING, DUE TO BRUSHING HAS CAUSED ME TO BE DROPPED AND CHIPPED UNTIL I'M JUST A WRECK!"



"OH BOY!"

THIS POLIDENT BATH IS A NEAT TRICK. NO BRUSH, NO SCRUB, NO DANGER.\* *JUST SOAK* 15 MINUTES OR LONGER -AND I SPARKLE LIKE SO MANY DEW DROPS!"

\*POLIDENT IS APPROVED and accepted by the leading makers of Acrylic Resin denture materials.

Write for supply of free samples:

Hudson Products, Inc., Dept. 14-E  
8 High St., Jersey City 6, N. J.

## POLIDENT

the safe modern way to  
keep dentures clean

### PLAY SAFE, DOCTOR!

When patients leave with new dentures, advise them to "Play safe . . . Use Polident." They'll appreciate it . . . be better pleased with your work.

# We're just little people

We're just plain folks . . . but  
We're the folks who made this country!  
And we're the folks who will save it!

Save it—not only from the Enemy—but from the  
danger of Prices Getting Out of Hand.

Here we are this year—after we've paid our taxes  
—with 131 billion bucks in our pockets.

But only 93 billion dollars' worth of goods to buy.  
That leaves 38 *extra* billion dollars.

Sure, the easy thing to do is to take that 38 billion  
and start running around buying things we don't  
need, bidding against each other . . . forcing  
prices up and up!

Then people want higher wages. Then prices go up  
some more—and again wages go up.

And then where are we!

But us little guys—us workers, us farmers, us busi-  
nessmen—are not going to take the easy way out.

We're not going to buy a single thing we don't need.

We're not going to ask higher wages for our work,  
or higher prices for the things we sell.

We'll pay our taxes willingly, without griping.

We'll pay off all our debts now, and make  
no new ones.

We'll *never* pay a cent above ceiling prices.

And we'll buy rationed goods only by  
exchanging stamps.

We'll build up a savings account,  
and take out adequate life insurance.

We'll buy War Bonds until it really pinches.

Heaven knows, these sacrifices are chicken feed,  
compared to the ones our sons are making.



**Use it up...Wear it out.**

**Make it do...Or do without.**



A United States War message prepared by the War Advertising Council; approved by the Office of War Information; and contributed by the Magazine Publishers of America.

## ***"I'll be seeing you, Doctor"***



To his pals he is just another guy. To his mother and dad he is a fine lad. But to his dentist he is a loyal, confident patient who will be coming in for examination and treatment at regular intervals for years to come. He is important to the welfare of any dental practice.

The child patient's confidence and loyalty depend upon his sense of security. With the aid of McKesson nitrous oxid equipment dental treatment ceases to become a dreaded experience to him. His treatments are completed in less time; and with less strain upon his dentist's patience and energy.

*Let us tell you how McKesson equipment can make dental treatment easier and more inviting for both children and adults.*

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# ACKERMAN GELASTIC

when mixed with water sets to form a highly elastic gel. GELASTIC is so perfectly formulated that it embodies all of the properties so essential for accurate reproduction of severe undercuts.

Observe these properties and you will immediately want to try this outstanding elastic gel: **SMOOTHNESS — FLOWABILITY — FIRMNESS — TOUGHNESS — ACCURACY.** Impressions that are surprisingly **FREE FROM BUBBLES** and which produce **HARD—CHALK FREE CASTS.** This unflinching accuracy is retained by pouring the cast promptly.

## SPECIAL INTRODUCTORY PACKAGE

This special package contains 15 units and sells for \$4.00. 25% more units than the standard 12 unit package at no extra cost. If you are not completely satisfied after using three or four units return balance for full credit. Take advantage of this special offer now! Order from your dental dealer today.

**ACKERMAN DENTAL MANUFACTURING COMPANY**

SANTA MONICA, CALIFORNIA

**ALL A. C.**

*Our record over the years . . . satisfactory service*

Complete stock of parts. Skilled workmanship. Your old outfit reconditioned like new. Ask for an estimate.

**GLAZBROOK BROS. DENTAL SERVICE SHOP**  
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We can still supply new cuspidor waste and supply tubing. Send us your old connections. We will attach new tubing. Prompt, guaranteed service.

**CLARK EQUIPMENT PARTS**



Packaged attractively in glass jar.

*It costs only \$1.00 . . . you won't be disappointed*

Postolene is the ideal antiseptic application for abscessed teeth and for root canal fillings. Dentists have used it successfully for over 40 years. It has stood the test of time. It merits a test in your office. Try it now. Same price for over 40 years, \$1.00 a jar. Order through your dealer, or order direct, giving us your dealer's name.

**J. A. SPRAGUE & CO., 325 19th Ave., Columbus, Ohio**

**SAME PRICE FOR OVER 40 YEARS. \$1.00 PER JAR.**



Vacuum Massage



## The DENTICATOR GUM MASSAGER



Interdental Stimulation

Same Rubber Cups and Tips as used Professionally by thousands of Dentists for Cleansing—Medicating—Massaging. Used successfully by patients between office visits in Prevention and Treatment of Gingivitis—Pyorrhea—Trench Mouth. To try, send for free sample.

*Sold by dental supply dealers and druggists*

**THE DENTICATOR CO., 1055 MISSION ST., SAN FRANCISCO**  
*Makers of Prophylactic Dental Specialties*

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# RINN

## X-RAY FILMS, MOUNTS and OTHER ACCESSORIES

CONCENTRATION upon one "family" of products has brought to the RINN organization an enviable reputation. Their 20 years of research and manufacturing development means easier, faster, more accurate radiographic diagnosis for dentists everywhere.

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An aid in obtaining RINN Products through your dealer and dealer representative. 32 pages illustrated. Full descriptions, sizes, order numbers, prices, etc., well indexed. Also helpful processing hints and information.

#### 176 types of film mounts.

1. EEZEEMOUNTS.
  2. Cardboard with clear celluloid backing.
  3. Cardboard with frosted celluloid backing.
  4. All celluloid.
- 44 styles of each of the above with from 1 to 18 windows.

Other accessories such as envelopes. (8 sizes for both mailing and filing.)



**RINN X-RAY  
PRODUCTS**

3039 Fullerton  
Chicago 47

# RINN

FOR 20 YEARS

MAKERS OF DENTAL X-RAY FILMS & ACCESSORIES





## *In Excessive Caries of* **THE DECIDUOUS TEETH**

While the question of the etiology of caries is by no means settled, caries bears a direct relationship to the nutritional state. In children, caries can frequently be traced to this cause and prevention is especially important because of the arch malformations that may follow loss of deciduous teeth.

As a prophylactic measure, mothers appreciate having Ovaltine prescribed for their youngsters.

This delicious food drink is heartily enjoyed because of its appealing taste. Nutritionally, it is a balanced ration of virtually all essential nutrients in generous amounts. Three glassfuls daily complement the average diet to make it adequate in all respects. Ovaltine provides a dependable means of enhancing the nutritional state, thus helping to prevent the development of deciduous caries.

THE WANDER CO., 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



## *Ovaltine*

Three daily servings (1½ oz.) of New Improved Ovaltine provides:

	Dry Ovaltine	Ovaltine with milk*		Dry Ovaltine	Ovaltine with milk*
PROTEIN . . .	6.0 Gm.	31.2 Gm.	VITAMIN A . . .	1500 I.U.	2953 I.U.
CARBOHYDRATE . . .	30.0 Gm.	62.43 Gm.	VITAMIN D . . .	405 I.U.	480 I.U.
FAT . . .	2.8 Gm.	29.34 Gm.	THIAMINE . . .	.9 mg.	1.296 mg.
CALCIUM . . .	.25 Gm.	1.104 Gm.	RIBOFLAVIN . . .	.25 mg.	1.278 mg.
PHOSPHORUS . . .	.25 Gm.	.903 Gm.	NIACIN . . .	5.0 mg.	6.9 mg.
IRON . . .	10.5 mg.	11.94 mg.	COPPER . . .	.5 mg.	.5 mg.

\*Each serving made with 8 oz. milk; based on average reported values for milk.

# TODAY

WHEN EVERY SECOND COUNTS . . .



when every x-ray counts even more . . . when there is no margin for error . . . no excuse for waste and inefficiency — x-ray technicians

## DEPEND ON **DU PONT** X-RAY FILM

. . . the faster film . . . the film with greater latitude over a wider range . . . with these special DU PONT features, DOUBLE IDENTIFICATION and the "PULL-A-TAB" PACKET

AND

## **F-R** CONCENTRATED LIQUID X-RAY SOLUTIONS

. . . prepared in less than one minute by merely adding cold water  
. . . first in concentrated form these F-R solutions are still first in quality the country over.

*. . . for radiographs of proven accuracy  
clarity . . . diagnostic detail*

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**BROOK AVENUE, NEW YORK 56, N. Y.** **DISTRIBUTORS**

**C**alox tooth powder radio



radio

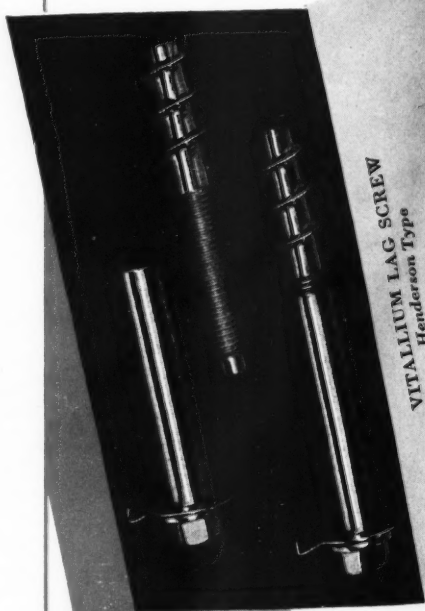
announcements carry to the consumer  
a message such as this...



GOOD TEETH AND GOOD HEALTH are closely related. One of the dangers of neglected teeth is the damage they may do to general health. Keep your teeth and gums in good condition. Frequent dental check-ups are a real health measure. Visit your dentist regularly. It pays!

# SURGICAL APPLIANCES INSPIRED BY VITALLIUM DENTISTRY

"Vitallium in Bone Surgery with Particular Reference to its Clinical Irritability," Cameron, D. M. and Henderson, M. S. Proceedings of the Staff Meetings of the Mayo Clinic, 15-36, Sept., 1940.

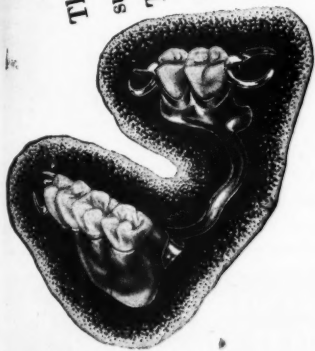


VITALLIUM LAG SCREW  
Henderson Type

... of Vitallium is used by  
... the femur.

used by

The Henderson Lag Screw of Vitallium is used by surgeons for fractures of the neck of the femur; no dis-  
coloration or staining of the structures. This intricate  
appliance is a marvel of precision casting and partial  
tribute to the Microcast Vitallium full and partial  
dentures for the dental profession.

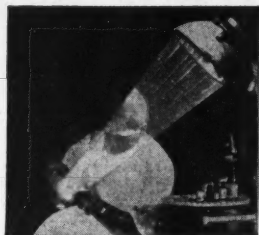


◆ TRADE MARK REG.  
U. S. PAT. OFF.

# AUSTENAL LABORATORIES, INC.

NEW YORK • CHICAGO

◆ PRODUCERS OF VITALLIUM, AUSTENAL TEETH, AUSTENAL TUBE-LOCK BACKINGS, VITALLIUM SURGICAL APPLIANCES ◆



## MAXIMUM AND *Sharp* ILLUMINATION

Here is an elliptical field of light that delivers sharp illumination in full volume where you need it — *in your patient's mouth.*

A special filter eliminates heat from the bulb and corrects color of lighted area to a close approximation of daylight. Provided in flexible unit and wall models. Finished in all standard colors, chromium trimmed.

### *PROMETHEUS*

Prometheus Electric Corp., 401 West 13th Street, New York

## KELLY'S PASTE

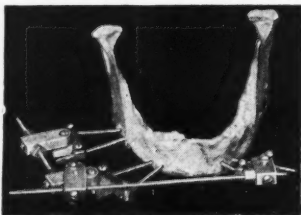
*for accurate fit*

LEE S. SMITH & SON MFG. CO.  
7325 Penn Ave. Pittsburgh, Penna.



Corrects the defects of a compound impression — insuring perfect fit and adaptation in full and partial dentures.

## NEW FRACTURE SPLINT



Fracture Reduced and Immobilized

### FOR EXTERNAL FIXATION OF JAW FRACTURES

The Thöröld splint as furnished consists of 3 complete units, and 2 threaded tie bars. This material will afford treatment of 2 separate fractures of a mandible. Pins and assembly are constructed of proven tissue tolerant metal.

Ask your dealer or write for literature.

**BENDICK COMPANY**

160 Elsie Bldg., Lapeer, Mich., U.S.A.

For YEARS and YEARS of PERFECT Service  
Depend on **HANAU** Equipment

SEND FOR FREE CATALOG



**NOW . . . More Than Ever  
There Is Need  
For Time Saving And Effort Saving Office Equipment**

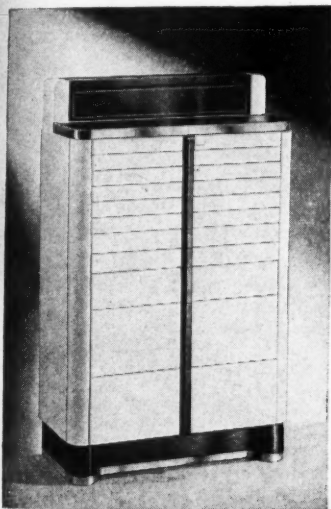
# AMERICAN Modern Dental Cabinets

Good equipment pays liberal dividends saving time and energy throughout busy days.

In addition, it gives to the patient the impression of quality and good treatment.

## American No. 147 Dental Cabinet

Patent No. 2,045,264



Special beauty of this cabinet lies in its simplicity of design.

Decoration is reduced to a minimum and all practical good qualities retained in full.

Among its features are:

Roller suspension drawers, always operate at a finger tip touch.

Dust proof drawers, individually sealed against dust.

Concealed medicine cabinet at the top rear. Convenient, clean and orderly.

Height of cabinet to working surface  $44\frac{5}{8}$  in. Height overall 50 in.

Dept. O.H. 5-44  
Hamilton Manufacturing Co.  
Two Rivers, Wis.

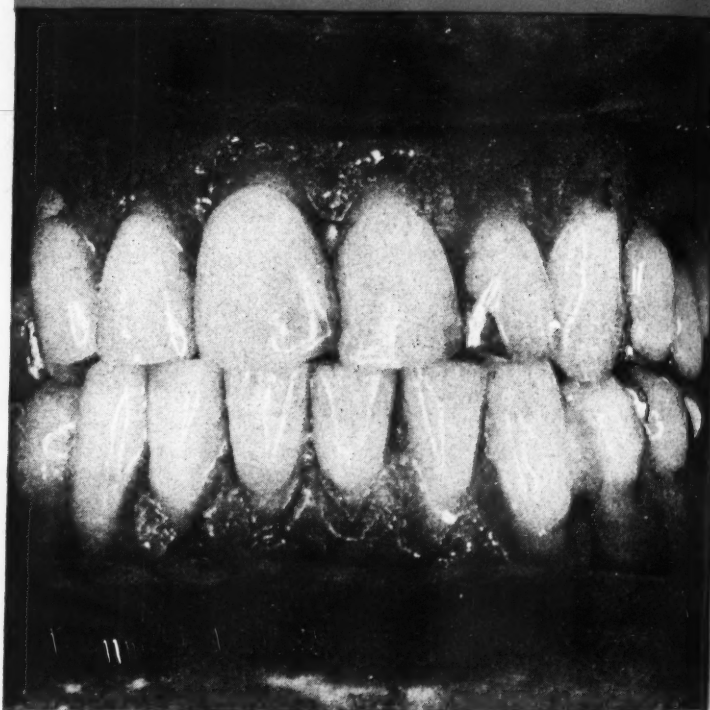


Please send catalog on the American Dental Cabinet and other dental office equipment you manufacture.

Name..... Address.....

City..... State.....

Are your patients  
exposing themselves to  
this damage, Doctor?



**THESE GROOVES** are clean-cut notches in the dentin, readily distinguished from erosion or decay. Perhaps you'll agree with clinical and laboratory findings\*, that they can be avoided through the adoption of a certain new technique of oral hygiene.

\* *Journal of Dental Research* 20, 565-595, Dec. 1941

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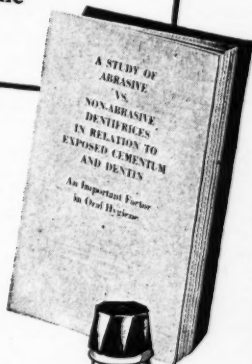
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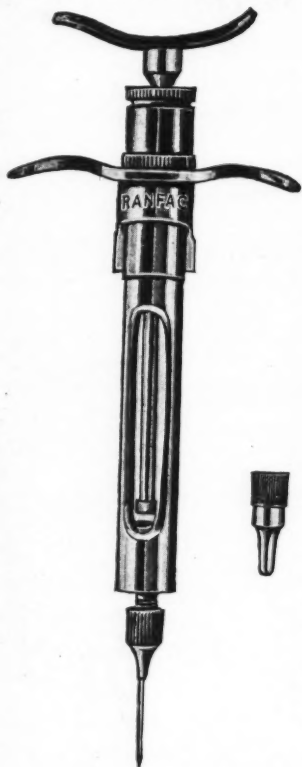
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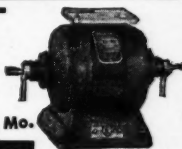


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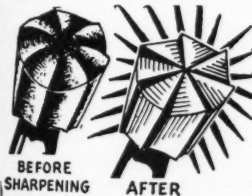
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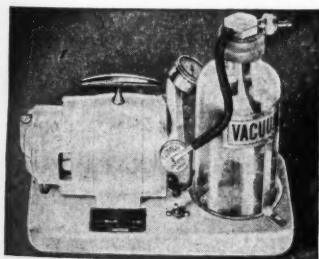
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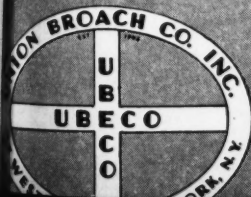
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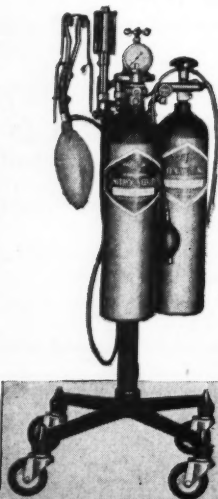
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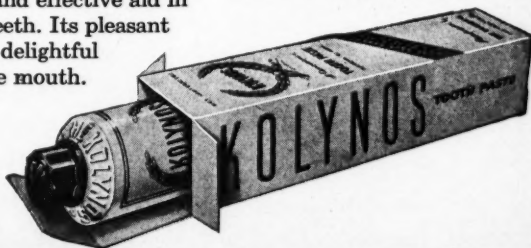


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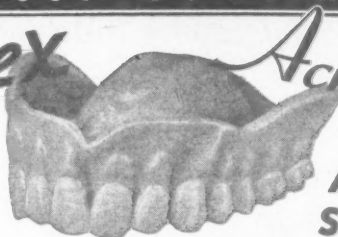
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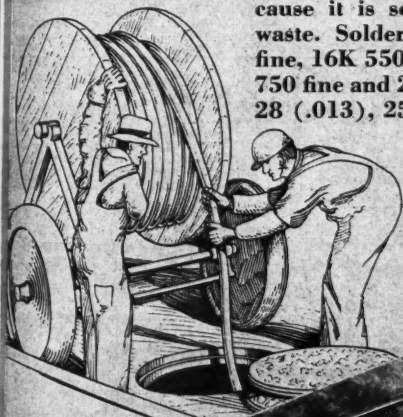
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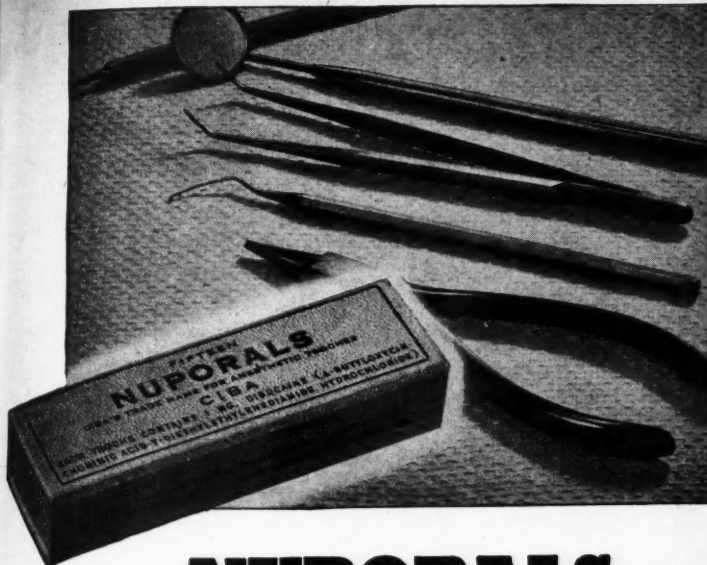
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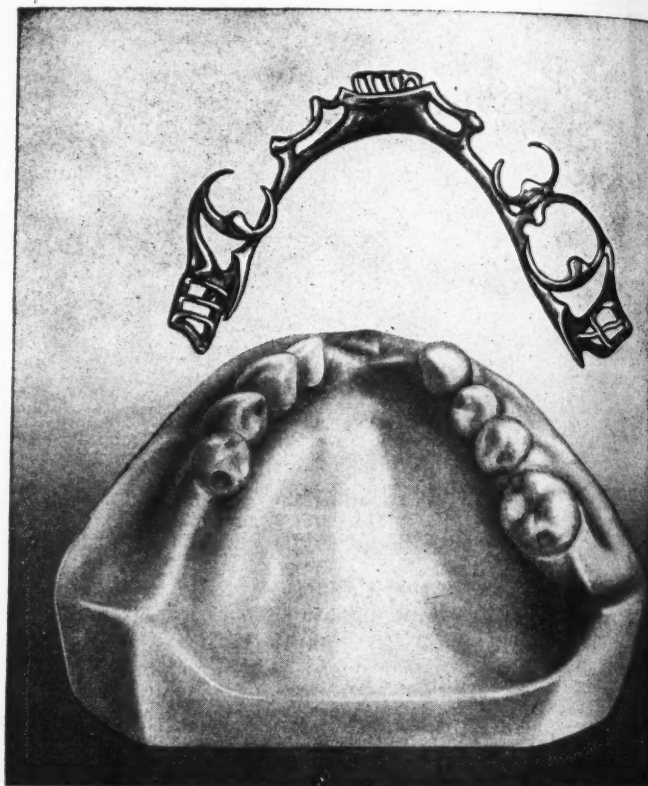
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TOMORROW'S MEDICINES FROM TODAY'S RESEARCH



# NEY partial denture



**QUALITY IN MATERIALS  
TO MATCH  
EXCELLENCE IN DESIGN**

Write for a reprint of an interesting article "Building a Successful Partial Denture"

● This is a difficult and unusual case because of the pronounced lingual and distal drift of all the teeth. If designed on the level occlusal plane it would be impossible to seat a lingual bar, and therefore a labial bar (which is seldom satisfactory) would be required. However, the Ney Surveyor System showed that by giving the model an extreme anterior tilt, a lingual bar could be seated.

The restoration was designed accordingly and cast in strong, resilient Ney-Oro G-3. Although

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# denture golds

## Support

Tooth-bearing support is provided by six well-placed occlusal rests; tissue-bearing support by the three saddle areas.



## Retention

The case is retained in its seat by the flexible portions of the three clasps which engage undercuts on the distal and lingual of the left second bicuspid, the buccal and lingual of the right second bicuspid, and the lingual of the molar.



## Bracing

The restoration is securely braced against lateral movement to the right by the truss arm of the Back-Action Clasp on the buccal of the left second bicuspid, by the strut and strap on the lingual of the right cuspid, and by the truss arm and lingual shoulder of the #1 Clasp on the right second bicuspid. Movement to the left is prevented by the rigid buccal portion of the Ring Clasp on the molar, by the buccal shoulder of the right bicuspid #1 Clasp, and by the strut and continuous strap on the lingual of the left cuspid and lateral.



NEY-ORO G-3

Unit price \$2.00 per dwt.

PALINEY #4

Unit price \$1.25 per dwt.

quite a large casting, it weighed only 9 dwt. (after finishing and polishing); if made in Paliney #4 the weight (also without allowance for sprues or grindings) would have been less than 7½ dwt.

THE J. M. NEY COMPANY  
HARTFORD 1, CONN.



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# Nyko

FOUNDED ON  
*Quality  
Ethics  
and  
Good Will*



**Nyko Denture Cleanser** gently cleans and polishes, *without marring*, delicate structures of gold and other metals. Purifies acrylic settings. Maintains original teeth brilliance. Large tube, 60c. **Nyko Bridge and Clasp Brushes**. Perfected to reach all inner surfaces and extensions. Two sizes. 35c each.



**Nyko Adherent Powder.** Processed from pure, natural, Karaya Gum, pleasantly flavored. Non-medicated. Does not contain Sodium Borate (Borax). Merit tells its own story.

Nyko owes its Nationwide Drug Store distribution entirely to personal recommendation by the Dental Profession. This ethical approval has been granted in recognition of quality and scientific compounding to meet most of the common problems of patient home cooperation . . . involving both comfort and cleanliness.

Your card or bill head will bring you (in U.S.A. only) Professional Package of Nyko Preparations. If brushes are desired, please enclose \$1. for set of all four; or 40c for any two of the regular brushes.

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**NYKO, INC., CHICAGO 10**  
415 West Chicago Avenue

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**Nyko Cleansing Powder.** Used as a solution to remove stains and soak-cleans dentures made of vulcanite, acrylic, and other pink materials. 60c and 30c sizes. **Dental Plate Container** stores full set of upper and lower dentures. Also used as denture soak-cleansing bath. **Nyko Full Plate Brushes**. Regular (left), 35c; Deluxe Double-action (right) 75c.



**GREATER  
EQUILIBRIUM**

**UNDER OPERATING  
CONDITIONS**

Of the many variables that influence a silicate restoration, one of the most unfavorable is the effect which moisture loss—or gain—has on the liquid. Through interference with proper set, this is directly reflected in the durability and strength of the final restoration.

The liquid for Lee Smith Certified

Enamel Improved has such inherent stability and equilibrium that, in routine office use, the last mix in the bottle sets as promptly as the first . . . January or July.

*Ask your dealer about the  
DOUBLE DISCOUNT Package of Certified  
Enamel available this month.*

LEE S. SMITH & SON MFG. CO., PITTSBURGH, PENNA.

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**ENAMEL**

# Spyco

INLAY &

## BRIDGE CASTING GOLDS

Are carefully manufactured and tested for uniformity of qualities. Select the materials for your next case from the following alloys and be assured of lasting satisfaction.



SPYCO SOFT



SPYCO MEDIUM



SPYCO SEVEN

**Spyco Soft**, for simple one- or two-surface inlays not subject to stress; easily burnished; \$2.05 per dwt. at your dealer.

**Spyco Medium**, burnishable, has ample strength and hardness, for inlays, M.O.D.'s and  $\frac{3}{4}$  crowns of average bulk. \$2.00 per dwt. at your dealer.

**Spyco Seven** for hard inlays, bridges,  $\frac{3}{4}$  crowns; a beautiful color, inconspicuous in the mouth. \$1.65 per dwt. at your dealer.



**SPYCO SMELTING  
& REFINING CO.**

51-57 SOUTH THIRD ST. MINNEAPOLIS 1, MINN.



## Gingival Metabolism steps up with ***IPANA & MASSAGE***

**A**DVANCED studies demonstrate that gum capillaries are resistant within physiologic limits to mechanical stimulation when applied alone. But, when mechanical stimulation is supplemented with chemical stimulation, there is marked improvement of local blood supply.

IPANA *plus* massage is an effective method of increasing gingival circulation so that nourishment and metabolism needed locally may proceed more normally. Healthy gums increase resistance to infectious elements and are essential to keeping teeth at their natural best.

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# IPANA

**TOOTH PASTE**